

BROMLEY HOSPITAL

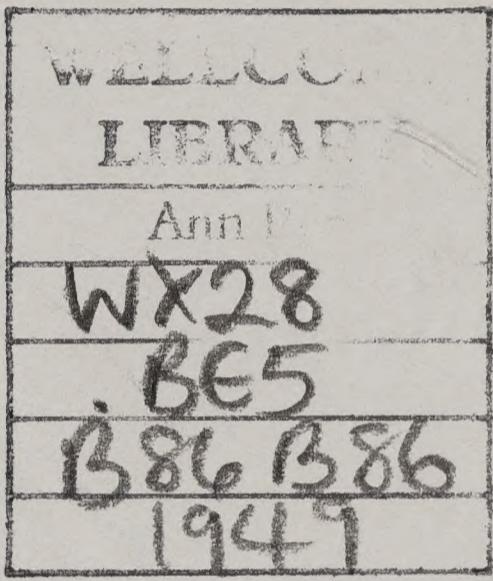
(Incorporating the Bromley, Chislehurst and District
Maternity Hospital)

Maternity Clinical Report

for

1949





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Bromley Group Hospital Management Committee
SOUTH-EAST METROPOLITAN REGIONAL HOSPITAL BOARD

Maternity Clinical Report

OF THE

Bromley Hospital

(Incorporating the Bromley, Chislehurst and District Maternity Hospital)

for 1949

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SURVEY

This clinical report for 1949 is for the first complete year's working since the Hospital came into the National Health Service, under the South East Metropolitan Regional Hospital Board. It is the fourth report to be published in the standard form, and conforms with the recommendations of the Council of the Royal College of Obstetricians and Gynaecologists published in 1948.

THE HOSPITAL

Those who have not received previous reports may wish to know a few details of the Hospital and the patients it serves.

Bromley is a Kentish market town which has become enveloped by the dormitory suburbs of London, but which has maintained its own civic character. The patients are drawn mainly from the middle class, some in more favourable circumstances than others, but very few really poor people, and few who are not intelligent and teachable. Apart from Non-Booked patients, who this year numbered 47, most of the patients book for their confinements a full six months before the expected date so that ante-natal supervision can have a strong influence on the course of pregnancy.

The maternity department is in two units. The Widmore Unit, the former Bromley, Chislehurst and District Maternity Hospital, has twenty-two beds, and is situated about half-a-mile from the other buildings. It is here that all the ante-natal outpatient work is done. There are four single-bedded rooms, one two-bed ward, and the remaining beds are in wards of three, four and five beds.

The Masons Hill Unit of thirty-eight beds is also self-contained, and its grounds are a stone's throw from the grounds of the main Hospital. It has fourteen single rooms and the largest ward accommodates six patients.

The facilities provided for all expectant mothers include comprehensive blood investigations, instruction in dietetics, exercise classes in the Physiotherapy Department, and the systematic obstetric supervision which can be assessed in the pages of this report.

THE YEAR'S WORK

The Hospital has continued to deal largely with Booked cases, although no emergency case in which pregnancy has advanced beyond twenty-eight weeks is ever refused.

The Hospital is recognised by the Royal College of Obstetricians and Gynaecologists in obstetrics for the M.R.C.O.G. examination and for the D. Obst. R.C.O.G. During the year the Obstetric Registrar, Dr. J. L. Warren, obtained the Diploma.

Last year the Hospital was approved by the Central Midwives Board to train pupils for Part I certificate, and this year our first twenty-eight candidates completed the training and sat for the examination. Twenty-three of them passed, while five candidates from other Hospitals, who had entered this Hospital for further training, gave four more passes. In addition, one midwife completed a course of two months' post-graduate training required by the Central Midwives Board prior to practising again after a lapse of several years.

The Hospital is also approved for training and examining pupils and midwives in Gas and Air Analgesia. During the year thirty-five pupil midwives attended the courses of instruction. Five midwives attended the post-graduate course of instruction and obtained certificates of proficiency.

We are indebted to Mr. J. S. Hovell, M.B., F.R.C.S.(Edin.), F.R.C.O.G., late Obstetrician and Gynaecologist to the Sudan Medical Service, and now Consultant Obstetrician and Gynaecologist to S.W. Durham, Darlington and Northallerton, who took charge of the department for a week in June and a month in August and September. The year started with Dr. J. L. Warren as Registrar and Dr. D. B. Allbrook as Obstetric House Surgeon. In the summer Dr. Bruce Elton, M.B., B.S. (Sydney), succeeded Dr. Allbrook. Dr. Warren entered the R.A.M.C. in December, and his place as Registrar was taken by Dr. Bruce Eton, M.B., Ch.B.(Manchester), who resumed his appointment after a year's gynaecological work at another hospital.

At the close of the year we very much regretted the departure of Miss R. Hurrell, Superintendent Midwife at Masons Hill Maternity Unit, who resigned to take up an appointment in the Mission Field in Northern Rhodesia. Her place was taken by Miss Dickinson.

Mr. T. J. Hancock, the dental surgeon, continued to give a regular service of dental examinations to all the patients at the time of booking. He was able to treat those who could not readily be treated by their own dental surgeons. The result was that all the Booked patients were rendered dentally fit during pregnancy.

The new ante-natal department has attracted a number of visitors who have shown their interest in the plan of the building, and in the way the patients are seen by appointment and quickly passed through the examining rooms. Professor H. Martius, of Göttingen, and Professor Ernst Held, of Zürich, were two distinguished visitors.

THE MONTHLY CLINICO-PATHOLOGICAL MEETINGS

Throughout the year we held monthly clinico-pathological meetings of the maternity department to review the work of the previous month. The attendance has been consistently good ; the pathologist, radiologist, paediatrician, anaesthetist, clinical assistants and obstetrical staff have come regularly. The senior midwifery sisters and two or three general practitioner obstetricians have been present, and an increasing number of medical officers of the Kent County Council, who refer abnormal patients to the Hospital and supervise the domiciliary midwifery. Welcome visitors have been Registrars from the maternity departments of the other Hospitals in the Group. At the meetings the work is scrutinised in similar form to the records in this report ; but stillbirths, neonatal deaths and serious cases are reviewed in detail, and the opinions of the different specialists are freely given for the benefit of all. The value of these meetings cannot be over-estimated both as a means of improving the standard of work and to promote smooth working, not only within the Hospital but also among all professional members of the health services concerned with maternity work in the locality. Visits have been received from obstetricians who wish to start similar meetings in their own Hospitals.

THIS REPORT

The primary importance of the preventive aspect of obstetrics is stressed by classifying the patients with abnormal conditions treated in the Hospitals into "Booked" and "Non-Booked." A "Booked" case is one that attended the ante-natal clinic on more than one occasion. "Non-booked" patients had not been to the Hospital for ante-natal supervision more than once, and were either admitted seriously ill or at the last moment after little or no ante-natal care. This report differs from similar ones in that it includes a third category of cases, "Private." These women were cared for during their pregnancies and confinements by private practitioners ; but some of the "Private" cases were similar to the Hospital "Non-booked" group in that they had neglected to place themselves in their doctors' hands until late in pregnancy.

Throughout the report, patients treated in the Widmore Unit have a registered number prefixed by "W," while the Masons Hill cases are marked "M."

The report includes all the data required in the recommended form of the College, and adheres to its plan except in the following details.

The College recommends that a "Booked" case is one for which the Hospital has accepted responsibility for the ante-natal care, but our definition is stricter, as already defined.

A preliminary sub-section of the Obstetric Section has been created to deal with out-patient treatment, and in this has been included the Table 47, External Version of Breech Presentation, because it appears to be out of place amongst the tables devoted to In-patient treatment. The definition of uncomplicated breech presentation has been interpreted more strictly so as to include all cases in which there was no other risk to the life of the foetus than breech presentation. Extended legs, extended arms and prolapse of the cord are considered to be risks arising from breech presentation, and so are included. This table is important because all the cases are ones in which breech presentation could have been prevented by version.

The other variations from the College model are the inclusion of a third unclassified group of cases of ante-partum haemorrhage and the division of the "Toxaemia" table into two groups, "Albuminuria" and "Hypertension without Albuminuria." The table numbers have been kept the same, and where an additional table has been inserted, it has been given a letter in addition to the number.

THE RESULTS

Amongst the 1,169 Booked, 47 Non-booked and 136 Private cases there was one maternal death, a rate of 0.7 per 1,000. The stillbirth rate was 21 per 1,000 compared with 17 in 1948 and 28 in 1947. The infant death rate was 4 per 1,000 compared with 11 in 1948 and 13 in 1947. The combined rates per 1,000 for stillbirths and neo-natal deaths during the past four years are as follows :—

Year	Stillbirths	Infant Deaths	Combined
1946 ...	25	15	40
1947 ...	28	13	41
1948 ...	17	11	28
1949 ...	21	4	25

Because breech labour carries with it a high foetal mortality, the aim of the Hospital has been to prevent breech labour, and only allow it to occur when a favourable result can be expected. Chief reliance is placed on external version at thirty-two weeks. Anaesthesia is hardly used at all. In the few cases in which version

cannot be performed, the choice of treatment is between surgical induction of premature labour at thirty-eight weeks or Caesarean Section at term. This year one baby was lost because of breech labour (W398). It was the first baby to be lost because of breech labour in 3,991 successive booked deliveries since 1945. No mother has died.

	1946	1947	1948	1949	Total
Total number of Booked deliveries ...	831	1,000	997	1,163	3,991
Number of patients with breech presentation treated by external version ...	116	122	112	98	448
Number of anaesthetics administered ...	8	9	4	5	26
Number of uncomplicated breech deliveries ...	2	2	2	7	13
Number of Caesarean Sections for breech... ...	1	5	3	3	12
Number of babies stillborn or dying following breech labour or external version for breech	0	0	0	1	1

It has been a year of steady work with one or two grievous disappointments, from which lessons have been learnt. Dr. Warren, the Registrar, and the successive House Surgeons, Dr. Allbrook and Dr. Elton, have co-operated wholeheartedly. No praise can be too high for the skill and devotion to duty of our nursing staff. This report has been largely compiled by Dr. Bruce Eton, the present Registrar, who has used the careful records kept by the Midwifery Sisters, and abstracted by the Superintendent Sisters, Miss Hurrell and Miss Stickney. Miss Dean, the Secretary, has been tireless in carrying out her duties, and I feel personally grateful to each one of the staff.

A.G.

ABBREVIATIONS

Alb.	= Albumen
A.N.	= Ante-natal
A.N.C.	= Ante-natal Clinic
A.P.H.	= Ante-partum haemorrhage (Accidental)
A.R.M.	= Artificial rupture of membranes
B.A.	= Before admission
B.B.A.	= Born before admission
B.P.	= Blood pressure
C.S.	= Caesarean Section
C.V.	= Conjugata vera
D.	= Died
D.C.	= Diagonal conjugate
E.B.M.	= Expressed breast milk
E.C.	= External conjugate
Epis.	= Episiotomy
E.U.A.	= Examination under anaesthesia
F.	= Female
F.	= Fresh
F.D.	= Fully dilated
G.C.P.	= Generally contracted pelvis
Grav.	= Gravida
Hb.	= Haemoglobin
Hr.Min.	= Hours, minutes
I.D.I.	= Induction—delivery interval
I.M.	= Intramuscular
In.	= Inches
I.V.	= Intravenous
L.	= Living on discharge from Hospital
M.	= Macerated (Stillborn)
M.	= Male
Mat.	= Maturity
M.C.	= Mother, Child
M.D.	= Maternal death
N ₂ O	= Nitrous oxide
N.Y.	= New York Heart Assoc., 1939
O ₂	= Oxygen
P.M.	= Post-mortem examination
P.N.F.	= Promontory not felt
P.F.	= Promontory felt
P.P.	= Post-partum
P.P.H.	= Post-partum haemorrhage
Preg.	= Pregnancy
Rh.	= Rhesus
S.B.	= Stillborn (fresh)
S.F.	= Scarlet fever
T.	= Transferred
T.B.	= Tubercle bacilli
Tb.	= Tuberculosis
Trans.	= Transverse diameter of pelvic brim
W.R.	= Wasserman reaction

SECTION I. THE OBSTETRIC SECTION

STATISTICAL SUMMARY

	Booked	Non-booked	Private	Total
Patients delivered in hospital after 28th week Primiparae	522	19	45	586
Patients delivered in hospital after 28th week Multiparae	641	26	90	757
Patients admitted after delivery (B.B.A.) Primiparae	1	1	0	2
Patients admitted after delivery (B.B.A.) Multiparae	6	1	1	8
Total patients delivered after 28th week	1,170	47	136	1,353
Abortions	7	7	0	14
Patients transferred	0	4	0	4
Maternal deaths	1	0	0	1
Maternal death rate per 1,000	0.85	0	0	0.73
Infants born in hospital	1,181	48	136	1,385
Infants born before admission (B.B.A.)...	7	1	1	9
Total infants born	1,188	49	137	1,394
Infants transferred	0	3	0	3
Stillbirths	23	4	2	29
Stillbirth rate (stillbirth rate per 1,000 live and stillbirths)	19.4	82	14.6	20.8
Neonatal deaths	4	2	0	6
Neonatal death rate per 1,000 live births	3.4	44.4	0	4.4
Other infant deaths	0	0	0	0

OUT-PATIENT TREATMENT

TABLE A

X-RAY EXAMINATIONS

148 cases were referred to the X-Ray Department. Reasons for reference were :—

	Booked	Non-Booked	Private	Total
--	--------	------------	---------	-------

Maternal conditions (cardiac, pulmonary, renal, etc.)	33	1	0	34
For foetal parts	0	0	0	0
Breech	17	0	2	19
Presentation, attitude, etc.	39	0	2	41
Twins	19	1	0	20
Foetal death	3	0	0	3
Anencephaly	0	0	0	0
Hydrocephaly	1	1	0	2
Pelvimetry	19	0	0	19
For maturity	10	0	0	10

TABLE B

ANTE-NATAL TREATMENT OF BREECH PRESENTATION

Breech presentation was particularly looked for at the thirty-second week of pregnancy, and external version was performed as soon as possible unless there was some contra-indication. With the technique adopted this procedure was largely successful, and out of 121 cases it was only necessary to administer an anaesthetic in 5.

The prevention of foetal mortality due to breech labour has been successful, because of 1,170 Booked deliveries, uncomplicated breech labour occurred in only 7 cases, without foetal loss. One intra-uterine death occurred six weeks after version. In one case in which version failed, a stillbirth was considered to be due to breech delivery (No. W398).

Breech presentation diagnosed, excluding twins	121
Spontaneous version	11
External version finally successful without anaesthesia	97
Version under anaesthesia successful	1
Version under anaesthesia unsuccessful	4
Caesarean Section for breech presentation	3
Uncomplicated breech deliveries	7
Complicated breech deliveries	7

TABLE C

EXTERNAL VERSION BEFORE LABOUR

Unless an X-ray film was taken, it proved to be difficult to decide whether the legs were flexed or extended.

Reg. No.	Age	Previous Pregnancies Before 28 wks.	Maturity at Version Deliv.	Flexed Breech, or Transverse Lie	Position of legs confirmed by X-Ray Yes/No	Anaesthetic (if used)	Presentation at Deliv.	Result M. C.	Remarks
1	W 4	29	—	1	32	38	Breech	A.	A.
2	W 7	25	—	1	32	40	Breech	A.	A.
3	W 8	33	—	1	32	39	Breech	A.	A.
4	W 16	36	—	3	34	41	Breech	A.	A.
5	W 23	20	—	—	32	40	Breech	A.	A.
6	W 34	23	—	1	32	40	Breech	A.	A.
7	W 38	22	—	1	32	40	Breech	A.	A.
8	W 59	37	—	2	3	32	Breech	A.	A.
9	W 67	33	—	1	36	40	Breech	A.	A.
10	W124	20	—	1	32	40	Breech	A.	A.
11	W131	24	—	2	32	42	Breech	A.	A.
12	W134	27	—	1	32	41	Breech	A.	A.
13	W142	29	—	—	33	45	Breech	A.	A.
14	W163	30	—	2	32	40	Breech	A.	A.
15	W172	26	—	—	33	40	Extended	A.	A.
16	W183	33	—	—	1	32	Breech	A.	A.
17	W198	34	—	—	2	32	Transverse lie	A.	A.
18	W213	25	—	1	—	—	Breech	A.	A.
19	W254	27	—	—	32	39	Breech	A.	A.
20	W262	22	—	—	33	41	Breech	A.	A.
21	W274	32	—	—	32	40	Breech	A.	A.
22	W291	25	—	1	32	41	Breech	A.	A.
23	W298	27	—	—	1	37	40	Breech	A.
24	W304	31	—	—	—	32	40	Breech	A.
25	W321	27	—	—	1	32	41	Breech	A.
26	W325	42	—	2	1	32	42	Breech	A.
27	W367	28	—	—	1	36	38	Extended	A.
28	W377	39	—	—	1	32	41	Breech	A.
29	W393	27	—	—	—	32	42	Breech	A.
30	W396	23	—	—	—	34	41	Breech	A.
31	W398	20	—	—	—	36	40	Extended	A.
32	W417	36	—	—	—	33	40	Extended	A.
33	W443	20	—	—	—	36	38	Breech	A.
34	W450	22	—	—	—	34	40	Transverse lie	A.
35	W451	23	—	—	—	36	41	Breech	A.
36	W469	19	—	—	—	33	34	Breech	A.
37	W470	24	—	—	—	34	40	Breech	A.
38	W482	29	—	—	—	32	41	Breech	A.
39	W496	30	—	—	—	32	40	Flexed	A.
40	W498	22	—	—	—	38	40	Transverse lie	A.
41	W501	41	—	—	—	32	40	Verte	A.

EXTERNAL VERSION BEFORE LABOUR—*continued*

Unless an X-ray film was taken, it proved to be difficult to decide whether the legs were flexed or extended.

Case No.	Reg. No.	Age	Previous Pregnancies	Maturity at Version Deliv.	Flexed Breech, Extended breech or Transverse Lie	Position of legs confirmed by X-Ray Yes/No	Presentation Result			Remarks	
							Anaesthetic (if used)	Presentation at Deliv.	M. C.		
42	W536	30	—	1	One leg extended	... Yes	—	Vertex	A.	A.	
43	W538	27	—	1	Breech	... No	—	Vertex	A.	A.	
44	W539	32	—	1	Breech	... No	—	Vertex	A.	A.	
45	W546	31	—	3	Breech	... No	—	Vertex	A.	A.	
46	M 74	39	2	2	Breech	... No	—	Vertex	A.	A.	
47	M 99	21	—	—	Breech	... No	—	Vertex	A.	A.	
48	M118	21	—	1	41	Breech	... No	Vertex	A.	A.	
49	M157	27	—	2	42	Breech	... No	Vertex	A.	A.	
50	M167	24	—	—	39	42	Breech	... No	Vertex	A.	
51	M184	25	—	1	32	38	Breech	... No	Vertex	A.	
52	M190	37	—	2	33	41	Flexed	... Yes	Vertex	A.	
53	M216	41	—	—	32	41	Breech	... No	Vertex	A.	
54	M252	34	—	—	36	41	Breech	... No	Vertex	A.	
55	M255	29	—	2	1	36	40	Breech	... No	Vertex	A.
56	M270	29	—	—	1	32	40	Breech	... No	Vertex	A.
57	M271	42	—	2	4	30	37	Transverse	... Yes	Transverse	A.
58	M272	32	—	—	1	2	33	Breech	... No	Vertex	A.
59	M283	37	—	—	—	33	40	Breech	... No	Vertex	A.
60	M286	24	—	1	3	32	40	Both legs partially flexed	... Yes	Vertex	A.
61	M288	37	—	—	—	—	—	—	—	—	—
62	M292	26	—	—	1	35	40	Transverse lie	... No	Vertex	A.
63	M303	39	—	2	32	39	Transverse lie	... Yes	Vertex	M.	
64	M319	29	—	1	32	38	Breech	... No	Breech	A.	
65	M335	38	—	4	34	40	Breech	... No	Vertex	A.	
66	M360	33	—	—	1	36	Flexed	... Yes	Vertex	A.	
67	M364	36	—	1	4	42	Extended	... Yes	Breech	A.	
68	M371	28	—	2	32	42	Breech	... No	Vertex	A.	
69	M380	32	—	—	2	33	Breech	... No	Breech	A.	
70	M391	33	—	—	—	33	Extended	... Yes	Vertex	A.	
71	M393	32	—	—	1	32	41	Transverse	... No	Vertex	A.
72	M435	27	—	2	34	42	Flexed	... Yes	Vertex	A.	
73	M450	27	—	—	32	42	Breech	... No	Breech	A.	
74	M452	23	—	—	1	34	Breech	... No	Vertex	A.	
75	M461	23	—	—	—	38	Breech	... Yes	Breech	A.	
76	M467	34	—	—	—	36	Flexed	... Yes	Breech	A.	
77	M468	35	—	1	34	40	Extended	... Yes	—	—	—
78	M469	43	—	2	32	39	Breech	... No	Vertex	A.	
79	M517	23	—	—	34	41	Breech	... No	Vertex	A.	
80	M519	31	—	—	2	32	Breech	... No	Vertex	A.	
81	M521	29	—	—	1	32	Breech	... No	Vertex	A.	
82	M529	24	—	—	1	32	42	Breech	... No	Vertex	A.
83	M533	26	—	—	—	41	41	Breech	... No	—	—

EXTERNAL VERSION BEFORE LABOUR—*continued*

Unless an X-ray film was taken, it proved to be difficult to decide whether the legs were flexed or extended.

Case No.	Reg. No.	Age	Previous Pregnancies Before 28 wks.	Maturity at 28 wks.	Version Deliv.	Flexed Breech, or Transverse Lie	Position of legs			Result confirmed (if used) at Deliv.	M. C.	Remarks
							at	Flexed	Breech	Presentation	Yes/No	
84	M535	32	—	33	43	Extended	...	...	Yes	Yes	A.	Prolonged labour, forceps delivery.
85	M542	27	—	32	40	Breech	...	...	No	—	A.	Born face to pubes.
86	M562	29	—	37	39	Extended	...	...	Yes	Yes	A.	Breech recurred, acute hydramnios, A.R.M.
87	M584	21	—	32	40	Flexed	...	...	Yes	—	A.	
88	M586	29	—	32	40	Breech	...	...	No	—	A.	
89	M602	28	—	32	41	Breech	...	...	No	—	A.	Version repeated at 33 and 40 weeks.
90	M605	35	—	32	40	Breech	...	...	No	—	A.	Cord round neck
91	M608	31	—	32	39	Breech	...	...	No	—	A.	
92	M613	22	—	34	38	Breech	...	...	No	—	A.	A.R.M., foetal distress, Caesarean Section.
93	M614	25	—	34	41	Breech	...	...	No	—	A.	Version repeated at 35 weeks.
94	M650	33	—	35	40	Extended	...	...	Yes	—	A.	Version repeated at 37 weeks.
95	M689	41	—	34	40	Breech	...	...	No	—	A.	P.P.H.
96	M691	37	—	36	40	Flexed	...	...	Yes	—	A.	Flat brim, labour induced.
97	M695	33	—	31	40	Extended	...	...	Yes	—	A.	
98	M698	27	—	36	40	Breech	...	...	No	—	A.	Pre-eclampsia, labour induced.
99	M705	32	—	32	40	Transverse	...	...	No	—	A.	Recurred repeatedly, membranes ruptured artificially.
100	M709	24	—	34	40	Breech	...	...	No	—	A.	
101	M718	25	—	36	39	Breech	...	...	No	—	A.	Prolonged labour, forceps delivery.
102	M734	30	—	33	39	Breech	...	...	No	—	A.	High head at term.
103	M736	27	—	32	40	Breech	...	...	No	—	A.	Version failed, Congenital absence of kidneys.
104	M746	25	—	35	37	Breech	...	...	No	—	D.	P.P.H. Manual removal of placenta.
105	M748	27	—	37	43	Breech	...	...	No	—	A.	
106	M778	37	—	32	40	Breech	...	...	No	—	A.	
107	M784	30	—	32	40	Breech	...	...	No	—	A.	
108	M786	24	—	37	44	Breech	...	...	No	—	A.	Pre-eclampsia.
109	M795	40	—	32	40	Breech	...	...	No	—	A.	Unstable presentation, membranes ruptured.
110	M825	24	—	33	37	Extended	...	...	Yes	—	A.	Hydramnios.

IN-PATIENT TREATMENT

A numerical summary of cases admitted for treatment, delivered in hospital or admitted after delivery. Some cases appear in more than one category in the summary.

		Booked	Non-Booked	Private	Total
1. Conditions chiefly ante-natal—					
Hypertension only	...	10	4	3	17
Albuminuria	...	73	3	7	83
Eclampsia	...	1	0	0	1
Persistent vomiting of pregnancy	...	13	1	0	14
Acute pyelitis	...	8	0	0	8
Malnutrition, debility, simple anaemia, etc.	...	8	1	0	9
2. Intercurrent disease—					
Chronic rheumatic carditis	...	5	0	1	6
3. Conditions chiefly natal—					
Anterior positions of the vertex	...	1,037	60	106	1,203
Posterior positions of the vertex	...	59	9	7	75
Breech	...	23	0	4	27
Shoulder (not delivered as such)	...	0	0	0	0
Face and brow	...	2	1	1	4
Caesarean Section	...	29	6	3	38
Twins and triplets	...	18	3	1	22
Accidental haemorrhage	...	3	3	1	7
Placenta praevia	...	2	1	0	3
Other ante-partum haemorrhage	...	18	1	1	20
Hydramnios	...	14	1	0	15
Prolapse of cord	...	7	1	1	9
Primary uterine inertia	...	32	8	4	44
Retained placenta	...	18	1	2	21
Post-partum haemorrhage	...	96	8	12	116
B.B.A.	...	8	3	1	12
Lacerated perineum and episiotomy	...	577	35	87	699
Abortion	...	5	8	0	13
Ectopic gestation	...	0	0	0	0
4. Post-partum complications—					
Notified puerperal pyrexia	...	28	2	2	32
Mastitis, not suppurative	...	24	4	2	30
Mastitis, suppurative (aspirated)	...	0	0	0	0
Delayed involution of the uterus	...	15	3	2	20
Post-partum urinary infection	...	8	1	0	9
Post-partum superficial phlebitis	...	2	0	0	2
Post-partum deep venous thrombosis	...	1	0	0	1

TABLE I

ASSOCIATED DISEASES AND CONDITIONS NOT DETAILED ELSEWHERE
and admitted for treatment

Case No.	Reg. No.	Age	Previous Pregnancies		Maturity on admission	Disease or Condition	Treatment	No. of days	Result M. C.	Remarks
			Before 28 wks.	After 28 wks.						
BOOKED										
1	W 47	34	—	—	1	13	Degenerating fibroid ...	...	8	A. A.
2	W 98	27	—	1	36	Postural lumbar pain	...	7	A. A.	
3	W166	33	—	7	32	Anaemia	...	4	A. A.	
4	W454	32	—	1	34	Pyelitis recurrent	...	9	A. A.	Double ureter.
5	W550	37	—	1	24	Reactive depression	...	5	A. A.	Insomnia.
6	W794	26	—	1	25	Petit mal	...	6	A. A.	
7	M 17	23	—	—	39	General debility	...	6	A. A.	Twin pregnancy.
8	M 55	19	—	—	35	Pyelitis	...	7	A. A.	
9	M130	22	—	—	{ 26	Pyelitis	...	Sulphamezathine	...	Admitted twice.
10	M161	22	—	—	37	Pyelitis	...	Sulphamezathine	...	
11	M291	26	—	—	39	Pyelitis	...	Sulphamezathine	...	
12	M460	19	—	—	3	Debility, leucorrhoea ...	...	Sulphamezathine	...	
13	M469	43	—	—	19	Gingivitis, pyrexia ...	...	Rest, observation	...	
14	M543	25	—	—	2	Severe acroparaesthesiae	...	Chromic acid ...	...
15	M554	25	—	—	1	General debility	...	Rest	...	
16	M568	22	—	—	28	Faints	...	Rest	...	
17	M686	29	—	—	19	Pyelitis	...	Rest	...	
18	M702	37	3	3	2	Pyelitis	...	Rest	...	
19	M783	37	—	—	40	General debility	...	Rest	...	
20	M792	21	—	—	3	Pyelitis	...	Rest	...	
21	M794	26	—	—	37	Pyelitis	...	Rest	...	
NON-BOOKED										
22	W111	20	—	—	1	35	Epilepsy	...	Investigation	...
23	M364	36	—	4	35	Hypothyroidism, anaemia	...	Blood transfusion	...	A. —
PRIVATE										
24	M284	34	—	—	—	28	Cervical polypus	...	Avulsed	...
										3 A. A.

Not re-admitted for delivery.
 Partial thyroidectomy at age of 16 an
 21 years.

TABLE 2
ABORTION

13 Cases.

Expulsion of products of conception before completion of the 28th week of pregnancy and treated in the gynaecological ward of the hospital. In addition 113 patients who booked for delivery during the year are known to have aborted although not admitted to this hospital.

Case No.	Reg. No.	Age	Previous Pregnancies		Indication and method	If spontaneous : cause (if known) and treatment	Result	Morbidity	Remarks
			Before 28 wks.	After 28 wks.					
1	6900	35	—	1	13	—	Completed surgically	...	A.
2	7067	36	—	2	13	—	Completed surgically	...	A.
3	7528	29	—	1	7	Abdominal hysterotomy	...	—	Chronic nephritis, sterilization.
4	7604	21	—	—	12	Phthisis, irritant paste	...	—	Nephrectomy, 1948.
5	7661	25	2	1	11	—	Completed surgically	...	A.
6	8095	34	—	—	8	—	Completed surgically	...	A.
7	8387	30	—	1	16	—	Completed surgically	...	A.
8	9397	33	—	3	10	Laminaria tent	...	—	Disseminated sclerosis.
9	9848	32	—	2	8	—	Completed surgically	...	Blood transfusion.
10	10062	39	—	—	14	—	Sedatives	...	Blood transfusion.
11	10289	20	—	—	6	—	Completed surgically	...	Blood transfusion.
12	10709	20	—	—	10	—	Completed surgically	...	Blood transfusion.
13	W524	30	—	1	2	Chronic nephritis, A.R.M.	...	—	Blood transfusion.

TABLE 3
HYPEREMESIS ADMITTED FOR TREATMENT

14 Cases.

The treatment consisted of kindly but firm discipline with the patient at first confined to bed, with all receivers removed. The patients were given a large fluid intake, a daily aperient and a full diet containing all the necessary ingredients, and encouraged to masticate thoroughly. As long as the vomiting persisted the patients were given rectal infusions, and if there was any vomiting after 24 hours' treatment, glucose and insulin were given by intravenous drip.

Case No.	Reg. No.	Age	Previous Pregnancies		Maturity on 28 wks.	Admission	Treatment	No. of Days in Hospital	Result M.C.	Remarks
			Before	After						
BOOKED										
1	W 67	33	—	—	1	23	Rest, diet, discipline	...	5	A.
2	W 91	33	—	1	9	Rest, diet, discipline	...	...	7	A.
3	W 94	23	—	—	20	Rest, diet, discipline	...	...	11	A.
4	W267	28	—	—	9	Rest, diet, discipline	...	...	5	A.
5	W363	28	1	1	37	Rest, diet, discipline	...	...	5	A.
6	W376	37	1	2	30	Rest, diet, discipline	...	...	5	A.
7	W531	26	1	1	24	Rest, diet, discipline	...	...	34	A.
8	M 37	29	—	—	34	Rest, diet, discipline	...	...	9	A.
9	M182	40	—	2	34	Rest, diet, discipline	...	...	4	A.
10	M224	28	—	—	36	Rest, diet, discipline	...	...	8	A.
11	M269	28	—	—	27	Rest, diet, discipline	...	...	9	A.
12	M520	30	—	—	28	Rest, diet, discipline	...	...	16	A.
13	M539	23	—	—	35	Rest, diet, discipline	...	...	7	A.
NON-BOOKED										
14	W 97	27	—	1	7	Rest, diet, transferred	...	4	T.	—
										Pregnancy terminated elsewhere.

TABLE 4

CARDIAC DISEASE
ADMITTED TO HOSPITAL BEFORE LABOUR

Case No.	Reg. No.	Age	Previous Pregnancies			Lesion	Degree of failure of compensation on at admis. deliv.	Method of Delivery	Result M. C.	If Sterilized	Remarks
			Before	After	Maturity 28 wks., 28 wks.						
BOOKED											
1	M138	30	—	—	1	40	Mitral stenosis	...	1	1	Normal
2	M481	40	—	—	—	39	Aortic incompetence	...	1	1	No
3	M528	21	—	—	—	38	Aortic incompetence	...	2	1	Rheumatic carditis.
4	M571	20	—	—	—	40	Aortic incompetence	...	1	1	No
5	M699	36	—	—	2	36	Mitral stenosis	...	1	1	No
PRIVATE											
6	W547	37	—	—	—	42	Congenital	...	1	1	Breech, assisted
									... A.	A.	No
											Pyelitis of pregnancy.

ALBUMINURIA AND HYPERTENSION

Every patient attending the Ante-Natal Clinic has the urine tested and the blood pressure recorded at each visit. Normal patients attend every four weeks until the 28th week of pregnancy, then fortnightly until 36 weeks, after which they make weekly visits until delivery. All cases of albuminuria are admitted to hospital. The routine treatment adopted in hospital was rest, and a mixed diet containing as much fresh natural foods as possible, excluding red meat. Copious fluids and alkalies were given, and aperients, if necessary. If the signs did not lessen in about seven days, or if they became worse, labour was induced.

ALBUMINURIA AND HYPERTENSION

							Booked	Non-Booked	Private	Total
Number of cases	...	...	...	...	...	...	73	3	7	83
Number of stillbirths and infant deaths	...	...	...	...	...	...	8	0	2	10
Foetal and infant mortality	...	...	...	...	...	...	10.9%	0	28.5%	12%
Number of maternal deaths	...	...	...	...	...	...	0	0	0	0

Number of cases—

Responded to treatment and delivered spontaneously near term (after 38 weeks) ...	31	1	1	33
Spontaneous premature labour or abortion ...	1	0	1	2
Not responding to treatment, labour induced ...	32	2	4	38
Not responding to treatment, hysterectomy or hysterotomy performed ...	0	0	0	0
Not responding to treatment, abortion per vaginam induced ...	1	0	0	1
Not responding to treatment, Caesarean Section performed ...	8	0	1	9

HYPERTENSION WITHOUT ALBUMINURIA

Number of cases	...	...	...	...	...	...	10	4	3	17
Number of stillbirths and infant deaths	...	...	...	...	...	...	0	0	0	0
Foetal and infant mortality	...	...	...	...	...	...	0	0	0	0
Number of maternal deaths	...	...	...	...	...	...	0	0	0	0

Number of cases—

Responding to treatment and delivered spontaneously at term ...	...	...	...	4	0	0	4
Spontaneous premature labour or abortion ...	...	...	...	0	0	1	1
Not responding to treatment, labour induced ...	...	...	...	6	4	2	12
Not responding to treatment, hysterectomy or hysterotomy performed ...	...	...	0	0	0	0	0
Not responding to treatment, abortion per vaginam induced ...	...	...	0	0	0	0	0
Not responding to treatment, Caesarean Section performed ...	...	...	0	0	0	0	0

TABLE 5

PRE-ECLAMPSIA, ESSENTIAL HYPERTENSION AND CHRONIC NEPHRITIS WITH ALBUMINURIA

PATIENTS WHO NEVER HAD ALBUMINURIA ARE SHOWN IN A SEPARATE TABLE 5A

Case No.	Reg. No.	Age	Previous Pregnancies Before 28 wks., 28 wks.,	Maturity on admis., deliv.	Maxi- mum discharge	Albuminuria on discharge	Oedema	No. of days in Highest Hospital If Labour Blood before Labour Induced Pressure or discharge state method				Result Delivery M. C.	Weight of Child lb. oz.	Post-natal Exam. 6 wks. after Delivery B.P. Alb.	Remarks		
								Hospital	If Labour	Induced	state method						
1	W 19	35	—	1	36	0.5	None	Slight	168/118	8	A.R.M.	A. A.	5 10	126/82	None		
2	W 38	22	—	1	40	41	Trace	Slight	130/90	6	A.R.M.	A. A.	8 14	108/66	None		
3	W 51	23	—	1	40	42	Trace	None	154/110	15	—	A. A.	6 11	140/100	None		
4	W 54	27	—	—	40	0.75	Trace	None	140/108	4	A.R.M.	A. A.	6 13	128/80	None		
5	W 95	33	1	1	40	40	Trace	None	160/108	1	A.R.M.	A. A.	6 12	112/82	None		
6	W101	27	2	1	35	0.75	None	Slight	170/118	7	A.R.M.	A. A.	5 13	120/72	None		
7	W103	22	—	1	—	38	Cloud	None	152/100	1	—	A.R.M.	5 4	130/72	None		
8	W129	20	—	—	—	38	0.5	None	130/96	10	—	A.R.M.	7 6	124/62	None		
9	W132	29	—	—	—	38	39	Trace	None	160/110	4	—	A. A.	8 3	120/70	None	
10	W143	35	—	—	37	39	0.5	Trace	Moderate	170/110	10	A.R.M.	Forceps	7 1	114/70	None	
11	W175	38	—	1	40	40	Cloud	Nil	Moderate	150/108	2	—	Forceps	9 10	140/88	None	
12	W191	28	—	—	34	38	0.5	Nil	Moderate	160/130	28	A.R.M.	Normal	3 15	116/74	None	
13	W202	31	—	1	—	39	39	Cloud	Nil	None	168/106	3	—	Normal	7 3	104/68	None
14	W243	25	—	—	—	41	Trace	Nil	Moderate	148/114	7	A.R.M.	Forceps	8 12	110/70	None	
15	W246	23	—	—	—	36	37	Cloud	Nil	Moderate	148/100	7	Caes. Sect.	A. A.	5 12	116/78	None
16	W299	27	—	—	38	38	Trace	Nil	Moderate	140/104	5	A.R.M.	Normal	6 10	118/78	None	
17	W377	39	—	1	40	41	Cloud	Nil	Nil	166/118	3	—	Normal	6 2	114/76	None	
18	W379	19	—	—	36	37	Cloud	Nil	Moderate	156/124	8	A.R.M.	Normal	5 8	124/74	None	
19	W390	42	—	3	—	40	41	Trace	Nil	Moderate	190/150	28	—	Caes. Sect.	6 12	144/104	None
20	W392	34	—	—	39	41	Cloud	Nil	Moderate	140/116	14	A.R.M.	Caes. Sect.	4 10	110/70	None	
21	W398	20	—	—	39	41	Cloud	Nil	Moderate	160/110	18	—	Assist. breech	6 0	128/68	None	
22	W408	26	—	—	39	39	Cloud	Nil	Moderate	178/110	1	—	Normal	8 7	120/78	None	
23	W415	37	—	—	39	39	Cloud	Nil	Moderate	178/130	3	A.R.M.	Caes. Sect.	6 6	112/76	C.S. for foetal distress.	
24	W427	23	—	1	—	32	36	0.5	Nil	Moderate	170/126	30	A.R.M.	Normal	4 10	128/90	None
25	W454	32	1	1	37	38	Trace	Nil	Moderate	126/90	9	A.R.M.	Normal	6 0	126/84	None	
26	W460	31	—	—	36	38	Cloud	Nil	Moderate	150/120	10	—	Normal	6 4	150/92	Rheumatic carditis.	
27	W475	37	—	—	36	37	0.25	Cloud	Nil	Moderate	150/120	6	—	Normal	3 8	108/80	Long-standing hydronephrosis.
28	W476	34	—	—	39	41	0.75	Nil	Moderate	132/100	13	A.R.M.	Normal	7 9	98/60	Hypertension with first pregnancy.	
29	W505	33	—	—	38	40	Cloud	Nil	Moderate	180/152	14	A.R.M.	Normal	7 11	148/104	None	
30	W507	34	—	—	38	39	Trace	Nil	Moderate	116/90	4	—	Normal	8 9	124/74	Long labour.	
31	W524	30	—	1	22	25	Trace	Nil	Moderate	172/138	17	A.R.M.	Breech	2 1	130/90	Toxaemia with second pregnancy.	

PRE-ECLAMPSIA,

ESSENTIAL HYPERTENSION AND CHRONIC NEPHRITIS WITH ALBUMINURIA—*continued*

PATIENTS WHO NEVER HAD ALBUMINURIA ARE SHOWN IN A SEPARATE TABLE 5A

Case No.	Reg. No.	Age	Previous Pregnancies Before 28 wks.	Maturity on at admis. deliv.	Maxi-mum discharge	Albuminuria on Oedema	No. of days in Hospital before Labour	If Labour Induced Pressure or discharge state method	Result M. C.	Method of Delivery	Post-natal Exam. 6 wks. after Delivery	Child lb. oz.	B.P.	Alb.	Remarks		
32	W549	24	—	—	39	40	0.75	Nil	Moderate	158/108	5	A.R.M.	Normal	A.	A.	Congenital heart disease of infant.	
33	M24	33	—	—	41	42	Trace	None	Slight	150/100	9	—	Normal	A.	A.	B.P. 180/84 at 15 wks. Disproportion.	
34	M51	28	—	—	39	40	Cloud	None	Moderate	162/114	11	—	Forceps	A.	A.	9 10	
35	M59	26	—	—	40	40	Cloud	None	Moderate	154/90	1	—	Normal	A.	A.	8 6	
36	M66	26	—	—	40	40	0.75	None	None	190/120	2	A.R.M.	Normal	A.	A.	6 0	
37	M127	22	—	—	38	39	0.25	None	None	160/112	6	—	Breech	A.	A.	138/104 None	
																No toxæmia with previous pregnancies.	
38	M130	22	—	—	37	39	Trace	Cloud	None	156/110	10	A.R.M.	Normal	A.	A.	114/74 None	
39	M186	26	—	—	39	40	Trace	None	Slight	142/112	5	A.R.M.	Normal	A.	A.	130/76 None	
40	M205	28	—	—	39	39	2	Trace	None	160/120	4	A.R.M.	Normal	A.	A.	120/84 None	
41	M210	31	—	—	36	40	—	Trace	None	154/114	9	—	Normal	A.	A.	7 2½ Did not attend	
																No toxæmia with previous pregnancies.	
42	M216	30	—	—	40	41	0.5	None	Slight	164/114	6	—	Caes. Sect.	A.	A.	5 14 Did not attend	
43	M227	36	—	—	33	37	Trace	None	None	206/140	36	A.R.M.	Normal	A.	A.	158/110 None	
44	M231	35	1	2	41	42	Trace	None	None	170/130	4	A.R.M.	Normal	A.	A.	170/106 None	
45	M240	32	—	1	36	37	Trace	None	None	150/112	7	A.R.M.	Normal	A.	A.	120/80 None	
46	M324	22	—	—	36	39	Trace	None	None	172/118	18	A.R.M.	Normal	A.	A.	110/70 None	
47	M340	32	—	—	40	41	Trace	None	None	180/110	7	A.R.M.	Normal	A.	A.	142/80 None	
48	M366	20	—	—	34	35	Cloud	None	None	140/108	14	A.R.M.	Normal	A.	A.	110/60 Trace	
49	M370	21	—	—	40	40	0.75	None	Slight	150/100	3	—	Normal	A.	A.	128/70 None	
50	M383	28	—	1	40	40	Trace	None	None	140/110	4	—	Normal	A.	A.	120/64 None	
																No toxæmia with previous pregnancy.	
51	M414	32	1	—	34, 38	39	Cloud	None	None	170/120	30+3	—	Normal	A.	A.	150/68 None	
52	M445	38	—	1	37, 39	40	Trace	None	None	150/110	7+6	A.R.M.	Normal	A.	A.	120/80 None	
53	M480	30	—	3	40	40	Trace	None	None	140/90	2	—	Normal	A.	A.	6 4 Did not attend	
54	M487	26	—	1	37	37	.25	None	Slight	150/110	2	A.R.M.	Normal	A.	A.	120/78 Trace	
55	M503	26	1	—	41	41	Cloud	None	Moderate	160/118	2	—	Caes. Sect.	A.	A.	8 6 High presenting part, inertia syndrome.	
56	M563	22	—	—	—	40	40	Cloud	Trace	None	140/108	1	—	Normal	A.	A.	128/70 Cloud
57	M585	28	—	—	—	39	40	Cloud	None	Moderate	190/110	4	—	{ Forceps Caes. Sect.	A.	A.	6 12 118/72 None
58	M596	25	—	—	—	36	37	Cloud	None	Moderate	200/120	6	—	Normal	A.	A.	6 15 110/70 None
59	M616	26	—	—	38	40	Cloud	None	Slight	160/100	5	—	Normal	A.	A.	6 10 112/78 None	
60	M656	28	—	—	36, 38	38	Cloud	None	None	176/122	7+2	—	Normal	A.	A.	6 9 Did not attend	
61	M685	24	—	—	40	40	Cloud	None	None	150/100	6	—	Normal	A.	A.	130/80 None	
62	M698	27	—	—	36	40	Trace	None	Moderate	160/125	25	A.R.M.	Normal	A.	A.	146/94 None	
63	M706	26	—	—	39	41	Cloud	None	None	144/100	15	—	Normal	A.	A.	150/100 None	
																No toxæmia with previous pregnancy.	
64	M715	29	—	1	38	39	Cloud	None	Slight	140/96	6	A.R.M.	Normal	A.	A.	120/76 None	
65	M735	34	1	—	37, 40	40	Cloud	None	Moderate	140/88	8+1	—	Caes. Sect.	A.	A.	102/66 None	

PRE-ECLAMPSIA,

ESSENTIAL HYPERTENSION AND CHRONIC NEPHRITIS WITH ALBUMINURIA—*continued*

PATIENTS WHO NEVER HAD ALBUMINURIA ARE SHOWN IN A SEPARATE TABLE 5A

Case No.	Reg. No.	Previous Pregnancies		Maturity on at 28 wks.		Albuminuria on discharge		Highest Blood Pressure	No. of days in Hospital before Labour	If Labour Induced	Method of Delivery	Result M. C.	Post-natal Exam. 6 wks. after Delivery	Remarks		
		Before 28 wks.	After 28 wks.	28 wks.	admis. deliv.	maxi- mium	Alb.									
66	M759	28	—	1	38	38	Cloud	None	134/100	4	—	Normal	A. M.	4 3	110/80	None
67	M784	30	1	—	40	40	Cloud	Moderate	170/110	2	—	Normal	A. A.	6 11	146/96	None
68	M786	24	—	1	44	44	Cloud	None	148/90	1	—	Normal	A. A.	7 11	112/76	None
69	M797	18	—	—	42	42	Cloud	None	170/120	1	—	Normal	A. A.	7 9	100/68	None
70	M801	28	—	—	40	40	Cloud	None	150/110	2	—	Normal	A. A.	8 4	114/76	None
71	M817	22	—	—	40	40	Cloud	None	140/100	2	—	Normal	A. A.	7 0	Did not attend	
72	M823	28	—	1	34	38	Cloud	None	186/120	29	—	Normal	A. A.	7 10	164/98	None
73	M829	44	—	2	37	39	Trace	None	190/100	12	—	Normal	A. A.	4 7	136/90	None
NON-BOOKED																
74	W 49	35	—	—	37	38	Trace	None	140/104	10	A.R.M.	Normal	A. A.	8 8	104/76	None
75	M260	32	—	5	37	39	0.5	None	158/100	19	A.R.M.	Normal	A. A.	8 13	Did not attend	Haemoglobin 60 per cent.
76	M404	28	—	1	34	39	Trace	None	105/60	15	—	Normal	A. A.	7 11	120/70	None
PRIVATE																
77	W332	43	—	—	37	37	Cloud	None	170/110	3	A.R.M.	Caes. Sect.	A. A.	5 4	132/86	None
78	W434	24	—	2	36	36	Trace	None	136/100	1	—	Normal	A. S.B.	3 9½	Did not attend	Accidental A.P.H.
79	W547	37	—	—	42	42	Cloud	None	124/94	1	—	Breech	A. A.	6 2	124/74	None
80	M123	26	—	—	41	42	Trace	None	170/110	4	O.L. Ricini	Forceps	A. A.	10 7	Did not attend	Congenital heart disease and pyelitis treated elsewhere.
81	M253	34	—	—	32	32	8	0.5	190/120	3	A.R.M.	Normal	A. A.	3 6	130/90 on discharge.	B.P. 130/90 on discharge.
82	M478	21	—	—	37	37	Solid	Trace	152/110	1	A.R.M.	Normal	A. S.B.	5 13	Did not attend	B.P. 124/88 on discharge.
83	M545	33	—	—	40	40	Cloud	None	170/110	1	A.R.M.	Forceps	A. A.	7 15	Did not attend	Accidental A.P.H.
																B.P. 140/98 on discharge.

TABLE 5A
HYPERTENSION WITHOUT ALBUMINURIA

Case No.	Reg. No.	Age	Previous Pregnancies		Maturity on at 28 wks. 28 wks. admis. BOOKED		History of previous Renal Disease	Cedema	No. of days in Highest Hospital Blood Pressure or Discharge	If labour before Labour or Discharge	Induced Delivery	Method of state Delivery	Result M. C.	Weight of Child lb. oz.	Post-natal Exam. 6 weeks after Delivery	B.P. Alb.	Remarks
			Before 28 wks.	After 28 wks.													
1	W146	30	—	1	40	40	Hypertension with pregnancy	None	160/100	1	—	Normal	A. A.	6 5	150/88	None	
2	W227	24	—	1	37	38	—	None	138/98	11	A.R.M.	Normal	A. A.	6 10	90/58	None	
3	W239	35	1	1	39	40	—	None	156/98	3	OI. Ricini	Normal	A. A.	6 5	130/86	B.P. 140/100 at 9th week of pregnancy.	
4	W347	25	—	1	35	37	—	None	190/132	14	A.R.M.	Normal	A. A.	5 8	146/100	B.P. 190/120 6 months post- partum.	
5	W409	25	—	—	39	39	—	None	170/110	1	—	Normal	A. A.	7 8	104/68	None	
6	M277	20	—	—	28	34	Nephritis	...	200/150	45	A.R.M.	Normal	A. A.	3 13	140/92	None	
7	M292	26	—	—	40	40	—	None	140/100	1	OI. Ricini	Normal	A. A.	8 1	120/80	None	
8	M694	38	—	2	38	40	Pre-eclampsia	...	172/110	16	—	Normal	A. A.	7 6	Did not attend	No hypertension with previous pregnancies.	
9	M731	42	1	2	39	40	—	None	170/120	3	A.R.M.	Normal	A. A.	9 14	160/112	None	
10	M824	26	1	5	39	40	—	None	156/108	6	—	Normal	A. A.	6 9	150/76	No hypertension with previous pregnancies.	
NON BOOKED									Slight Slight None None		A.R.M.	Normal	A. A.	6 13	Did not attend	B.P. 120/76 on discharge.	
11	M248	29	—	—	—	39	39	—	130/96	1	A.R.M.	Normal	A. A.	8 1	Did not attend	B.P. 134/92 on discharge.	
12	M294	22	—	—	—	40	40	—	150/110	1	A.R.M.	Normal	A. A.	8 0	Did not attend		
13	M439	29	—	1	39	39	—	None	150/100	1	A.R.M.	Normal	A. A.	6 13	Did not attend		
14	M727	24	—	—	38	38	—	None	156/112	1	A.R.M.	—	—	—	Did not attend		
PRIVATE									A.R.M. A.R.M.		Normal	Forceps	A. A.	6 10	128/80	None	
15	W140	25	—	1	—	42	42	—	140/108	3	A.R.M.	Normal	A. A.	8 6	136/86	None	
16	W354	34	—	—	40	40	Nephritis	—	140/90	2	A.R.M.	Normal	A. A.	5 0	Did not attend		
17	W453	32	—	—	35	35	—	None	130/112	1	—	—	—	—	—	Did not attend	

TABLE 6
ECLAMPSIA

1 Case

The treatment employed was the administration of sedatives in large doses (morphia and chloral), the exclusion of external stimuli and free elimination with aperients and fluids.

Case Reg. No.	Age	Previous Pregnancies	Condition Before After Matu 28 28 weeks weeks	If in ad- Labour mission	NUMBER OF FITS Before Ante- ad- mission	Intra- Par- Post Par- tum	Urine Albumin on first discharge 24 hrs.	Quantity in first discharge 24 hrs.	High'e't Blood Pressure	Oedema	Method of Delivery	Result M. C.	Remarks				
BOOKED 1	W448	22	—	—	38	Well	Yes	—	—	1	Cloud	N-ne	Not measured	None 138/110	5 hours Spontaneous	A. A.	On 116/78, admission B.P. urine normal. The fit occurred 6 hrs. after completion of otherwise normal lab; ur.

TABLE 7
ACCIDENTAL ANTE-PARTUM HAEMORRHAGE

7 Cases.

No mother died. There were three stillbirths, a foetal mortality of 42.8%.

				Maturity at first haemorrhage	at admission	Condition on delivery	If in Labour	Cause of A.P.H. if known	Treatment	Blood Transfusion	Amount of Bleeding revealed oz.	Result M. C.	Remarks	
26	BOOKED	1 M 96	32	—	1	30	30	Good	No	—	Rest, sedatives	... No	Slight	16 A. S.B.
		2 M399	31	—	1	35	35	Good	No	—	Rest, Sedatives	... No	—	A. A.
		3 M742	43	—	1	32	32	Good	No	—	Rest, E.U.A.	... No	—	A. A.
	NON-BOOKED	4 W434	24	—	2	36	36	Fair	Yes	Toxaemia	Morphia	... 50	10 A. S.B.	
		5 W436	22	—	1	34	38	Good	No	Toxaemia	Morphia	... —	— A. A.	
		6 M404	28	—	1	34	39	Good	No	Toxaemia	Sedatives, E.U.A.	... —	— A. A.	Placenta praevia excluded.
	PRIVATE	7 M478,	21	—	—	37	37	Fair	No	Toxaemia	Sedatives, A.R.M.	... 20	8 Moderate	A. S.B.

TABLE 7A

ANTE-PARTUM HAEMORRHAGE

WITHOUT OTHER SIGNS OF PLACENTA PRAEVIA OR TOXAEMIA

20 Cases.

No mother died. There was one stillbirth.

Case No.	Reg. No.	Age	Previous Pregnancies Before 28 wks.	at first haem.	Maturity on ad- mission	Condition on ad- mission	If in Labour	Cause of A.P.H. if known	Blood		Amount of Bleeding Concealed oz.	Amount of Bleeding Revealed oz.	Result M. C.	Remarks
									Treatment	Trans- fusion oz.				
BOOKED														
1	W 20	25	—	—	38	38	Good	No	Cervical erosion	—	—	Slight	A.	A.
2	W194	34	—	2	32	40	Good	No	—	—	—	12 oz.	A.	A.
3	W263	27	—	1	37	39	Good	No	—	—	—	Slight	A.	A.
4	W305	36	—	2	30	37	Good	No	—	—	—	—	A.	A.
5	W345	45	—	1	36	38	Good	No	Cervical erosion	—	—	1 oz.	A.	A.
6	W482	29	—	2	34	44	Good	No	—	—	—	½ oz.	A.	A.
7	M 8	35	1	1	35	35	Good	No	—	—	—	—	A.	A.
8	M108	28	—	—	37	39	Good	No	—	—	—	Slight	A.	A.
9	M264	23	—	—	33	33	Good	No	—	—	—	Slight	A.	A.
10	M287	28	—	—	36	41	Good	No	—	—	—	10 oz.	A.	A.
	M363	26	—	—	32	39	Good	No	—	—	—	Slight	A.	A.
11	Re-admitted	—	—	—	38	38	Good	No	—	—	—	—	A.	A.
12	M469	43	—	2	26	30	Good	No	Cervical erosion	—	—	20 oz.	A.	A.
13	M547	26	—	—	38	38	Good	No	—	—	—	Slight	A.	A.
14	M563	23	—	—	31	40	Good	No	—	—	—	—	S.B.	
15	M718	25	—	2	36	39	Good	No	—	—	—	—	A.	A.
16	M721	25	—	—	36	41	Good	No	—	—	—	—	A.	A.
17	M757	43	—	1	36	36	Good	Yes	Separation of first placenta	—	—	7 oz.	A.	A.
18	M793	29	—	—	35	35	Good	—	Rupture of second bag	—	—	36 oz.	A.	A.
NON-BOOKED														
19	M514	32	—	1	37	37	Good	No	Rest, sedatives, E.U.A.	No	—	—	3 oz.	A.
20	M439	29	—	1	35	35	Good	No	Rest, sedatives	... No	—	—	—	A.
													Placenta praevia excluded. Twins.	A.

TABLE 8

PLACENTA PRAEVIA

3 Cases.

	Case No.	Reg. No.	Age	Previous Pregnancies	Maturity at first haem.	Condition on admission	If in Labour	Type 1, 2, 3, 4	Treatment	Blood Transfusion	Amount of Bleeding	Remarks
BOOKED												
1	M154	28	1	1	36	36	Good	No 2	A.R.M. ***	... 20 oz.	Moderate	A. A.
2	M710	35	3	—	33	33	Good	Yes 1	Sedatives, observation ...	No	Moderate	A. A.
NON-BOOKED												
3	W530	34	—	—	38	38	Good	No 3	Lower segment C.S.	... 60 oz.	30 oz.	A. A. Further blood loss during operation.

TABLE 9

HYDRAMNIOS

15 Cases.

The diagnosis of hydramnios was made on clinical examination and not by measuring the amount of liquor. The cases therefore only include those with a notable excess of liquor.

Case No.	Reg. No.	Age	Previous Pregnancies			Maturity at diag- 28 wks.	Treatment	Result		Remarks
			Before 28 wks.	After 28 wks.	on diag- nosis			M. C.		
BOOKED										
1	W132	29	—	—	34	39	Admitted for rest	...	A. A.	Albuminuria.
2	W176	32	—	2	38	40	Admitted for rest	...	A. A.	Repeat C.S.
3	W234	31	—	1	32	40	—	—	A. A.	Normal delivery.
4	W237	22	—	1	37	40	—	—	A. A.	Normal delivery.
5	W355	38	1	1	38	40	—	—	A. A.	Normal delivery. Child 10 lb.
6	W373	21	—	—	38	41	—	—	A. A.	Normal delivery.
7	W392	34	1	—	36	41	Admitted for rest	...	A. S.B.	Toxaemia, C.S., child 11 lb.
8	W469	19	—	—	32	34	—	—	A. S.B.	Breech labour, Wilm's tumour.
9	W498	22	—	—	38	40	—	—	A. A.	Normal delivery.
10	W540	36	—	—	32	40	—	—	A. A.	P.P.H., blood transfusion.
11	M 16	42	—	2	32	39	—	—	A. A.	Persistent transverse lie, C.S.
12	M562	29	—	—	35	39	Admitted for rest, A.R.M.	...	A. A.	Child weighed 9 lb. 13 oz.
13	M779	37	1	1	32	40	—	—	A. A.	
14	M808	31	—	—	32	40	—	—	A. A.	
NON-BOOKED										
15	M482	45	2	1	40	40	—	—	A. A.	Child weighed 8 lb. 14 oz.

TABLE 10

TUMOURS ASSOCIATED WITH PREGNANCY, LABOUR OR PUERPERIUM

13 Cases.

No mother died. No infant died.

Case No.	Reg. No.	Age	Previous Pregnancies		Nature of Tumour	Treatment	Result		Remarks
			Before 28 wks.	After 28 wks.			M. C.		
BOOKED									
1	W147	33	—	—	Fibroid	... Conservative ...	...	A. A.	Retroverted uterus, corrected. Secondary P.P.H.
2	W218	21	—	1	Fibroid	... Trial labour, spontaneous delivery	A. A.	A. A.	Threatened abortion, P.P.H.
3	W345	45	—	1	Fibroid	... Conservative ...	...	A. A.	A.P.H.
4	M103	36	—	—	Fibroid	... High head, trial labour	A. A.	A. A.	
5	M300	33	—	1	Fibroid	... Conservative ...	...	A. A.	A.N. Breech.
6	M355	38	1	1	Fibroids	... Conservative ...	...	A. A.	Hydramnios.
7	M407	32	—	1	Fibroid	... Conservative ...	...	A. A.	
8	M504	26	—	—	Fibroid	... Conservative ...	...	A. A.	Retroverted uterus.
9	M608	31	—	1	Fibroid	... Conservative ...	...	A. A.	A.N. Breech.
10	M671	37	—	2	Fibroid	... Conservative ...	...	A. A.	Retroverted uterus.
NON-BOOKED									
11	M376	34	—	—	Fibroid	... C.S. myomectomy	...	A. A.	Contracted pelvis, inertia.
12	M643	34	—	1	Fibroid	... Conservative ...	...	A. A.	Delayed involution.
PRIVATE									
13	W547	37	—	—	Degenerating fibroid	Rest, analgesics	...	A. A.	Congenital heart disease, pre-eclampsia, breech delivery.

TABLE 11

PROLONGED LABOUR

(Arbitrary definition is labour lasting 48 hours or more.)
44 Cases. No mother died. 5 foetuses were stillborn, a foetal mortality of 10.4%.

Case Reg. No.	Age Before Onset wks.	Previous Pregnancies at 28	Position of Foetus at 28	Other Obstetric Abnormalities	Cause of Rupt. of membranes (hrs. before Delivery)	Time of Duration of Labour	Treatment	Method of Delivery	P.P.H. bility	Mor-Weight Child	Result M. C.	Remarks	
BOOKED													
1 W 11	23	—	—	R.O.P.	R.O.A.	High head, posterior position	Sluggish uterus	68 0	67 40	0 35	0 15	Trial labour, sedatives	
2 W 94	23	—	—	L.O.I.	L.O.A.	Posterior position	Muscle-bound outlet	26 0	42 10	6 0	9 35	Analgesics	
3 W243	25	—	—	R.O.P.	R.O.A.	Posterior position, narrow outlet	Secondary inertia, in first stage	72 0	49 50	4 30	2 0	Heavy sedation for Forceps rotation pre eclampsia	
4 W267	28	—	—	R.O.P.	R.O.P.	Posterior position	Large child, disproportion	4 0	65 23	—	—	Trial labour, sedatives	
5 W293	27	—	—	L.O.A.	L.O.A.	Inertia syndrome, large child	Sluggish uterus	3 0	97 40	0 40	0 30	Sedatives	
6 W337	31	—	—	L.O.P.	L.O.A.	Large child	Posterior position	6 0	46 50	6 5	7 0	Trial labour, sedatives	
7 W391	21	—	—	R.O.P.	R.O.A.	Deep transverse arrest	High head, posterior position	55 0	51 0	4 5	0 2	Forceps rotation	
8 W463	29	—	—	R.O.P.	R.O.A.	Toxaemia, posterior Colicky uterus	Colicky uterus	64 0	49 55	9 30	4 55	Sedatives	
9 W496	30	—	—	L.O.A.	L.O.A.	High head, narrow outlet	High head, narrow outlet	72 0	48 15	3 5	1 15	Sedatives	
10 W500	26	1	—	L.O.A.	L.O.A.	Rigid cervix	Sluggish uterus	120 0	149 30	1 40	0 30	Sedatives	
11 W507	34	—	—	L.O.P.	L.O.A.	Inertia syndrome	Colicky uterus, rigid cervix	24 0	96 0	3 40	0 15	Sedatives, cervix pushed up	
12 M 17	23	—	—	L.O.I.	L.O.A.	Contracted pelvis	Twin labour	53 0	105 0	3 15	0 5	Forceps	
13 M145	25	—	—	R.S.A.	L.S.A.	6 wks. overdue	Disproportion	58 50	66 45	7 35	13 55	Trial labour, sedatives	
14 M239	28	—	—	L.O.A.	L.O.A.	Fear	Disproportion	55 55	60 40	—	—	Trial labour. Procaine injected Frankenhauser's plexus	
15 M375	21	—	—	R.O.A.	R.O.A.	—	Slight disprop- tion	15	52 30	0 10	0 20	Sedatives	
16 M389	23	—	—	L.O.P.	L.O.P.	High head, posterior position	Sluggish uterus	1 0	56 15	1 0	0 15	Trial labour, sedatives, Normal castor oil	
17 M415	40	—	—	R.O.A.	R.O.A.	Elderly primigravida	Sluggish uterus	123 50	168 50	1 0	0 20	Pitocin, 0.2 units half hourly	
18 M502	23	—	—	R.O.A.	R.O.A.	—	—	—	53 40	52 40	1 40	0 5	Normal
19 M532	25	—	—	L.O.P.	L.O.A.	Inertia after first twin	Twin labour	15 55	52 10	90 42	0 3	Forceps	
20 M533	26	—	—	R.O.A.	R.O.A.	Disproportion, mild Inertia	Disproportion, mild Inertia	85 12	48 0	0 30	—	Twin labour, sedatives	
21 M535	32	—	—	L.O.P.	L.O.A.	Posterior position	Inertia syndrome	153 15	152 15	1 0	0 5	Sedatives	

PROLONGED LABOUR—*continued*

Case Reg. No.	Age No.	Previous Pregnanci's Position of Foetus		Other Obstetric Abnormalities	Cause of Delay as membranes Diagnosed (hrs. before Delivery)	Time of Rupt. of membranes (hrs. before Delivery)	Duration of Labour	Treatment	Method of Delivery	P.P.H. bidity cf Child	Mor. M. C.	Weight oz. lb. oz.	Remarks		
		Before 28 wks.	After 28 wks.												
22	M540	36	—	L.O.A.	L.O.A.	Elderly primi-gravida	Colicky uterus, rigid cervix	102 12	101 35	0 47	0 18	Sedatives, cervix pushed up	Forceps	No — 7 10 A. A.	
23	M576	24	—	L.O.A.	L.O.A.	—	Badly flexed head	2 5	79 45	1 50	0 10	Sedatives	Normal	No — 7 14 A. A.	
24	M581	27	—	R.O.P.	R.O.P.	Posterior position	Rigid cervix	41 16	25 0	0 6	0 9	Sedatives, cervix manually dilated	Forceps	No — 8 11 A. A.	
25	M712	41	—	L.O.L	L.O.A.	Elderly primi-gravida	Rigid cervix, became oedematous	24 25	66 30	1 40	2 0	Trial labour, sedatives	Forceps	No — 6 12 A. A.	
26	M734	30	1	—	L.O.P.	L.O.A.	Posterior position	Sluggish uterus	8 40	77 15	1 25	0 30	Sedatives	Forceps	No — 7 7 A. A.
27	M751	29	—	—	L.O.P.	L.O.A.	Posterior position	Colicky uterus	12 9	94 45	1 10	0 15	Sedatives	Normal	No — 8 2 A. A.
28	M775	37	—	—	R.O.P.	R.O.P.	Elderly, posterior, high head	Rigid cervix, tense uterus	48 0	52 15	—	—	Trial labour, sedatives	Lower segment C.S.	No — 7 10 A. A.
29	M787	23	—	—	L.O.A.	L.O.A.	—	Sluggish uterus	1 15	50 30	0 45	0 35	Sedatives	Normal	No — 7 4 A. A.
30	M804	23	—	—	R.O.A.	R.O.A.	5 wks. post-mature, inertia syndrome	Sluggish uterus	0 30	47 0	0 15	0 15	Sedatives	Normal	No — 7 12 A. A.
31	M831	34	—	—	L.O.A.	L.O.A.	—	Sluggish uterus	? 135 25	0 10	0 5	0 5	Stilboestrol, sedatives delivered through partially dilated os	Forceps to head, delivered through partially dilated os	No — 8 13 A. M.
32	M837	33	1	—	R.O.A.	L.O.A.	Constriction ring in second stage	Constriction ring in Colicky uterus	48 0	46 35	3 25	0 10	Sedatives, general anaesthesia	Forceps	No — 8 5 A. A. Uterine fibroid.
NON-BOOKED															
33	W 14	36	—	—	L.O.A.	L.O.A.	Elderly, contracted pelvis, high head	Sluggish uterus	120 0	49 45	1 55	5 45	Sedatives	Normal	76 — 6 5 A. A. Manual removal of placenta.
34	W 62	27	—	—	R.O.A.	R.O.A.	Contracted pelvis	Sluggish uterus	At operation	78 0	—	—	—	Caesarean Sect.	— — 7 2 A. A.
35	W380	33	1	—	L.O.A.	L.O.A.	Rigid soft parts	Sluggish uterus	15 0	53 15	4 5	0 10	Sedatives	Forceps	8 — 7 5 A. A.
36	M233	39	—	—	L.O.A.	L.O.A.	Elderly primi-gravida	Rigid cervix	5 0	73 0	1 30	0 15	Sedatives	Normal	No — 8 12 A. A.
37	M313	38	—	—	L.O.P.	L.O.P.	Pre-eclampsia	Twin pregnancy	32 10	49 0	1 35	0 20	Sedatives	Normal	No — 6 8 A. A.
38	M438	37	—	—	R.O.P.	R.O.P.	Posterior position	Sluggish uterus	9 50	51 45	2 40	0 20	Sedatives	Normal	No — 6 7 A. A.
39	M597	19	—	—	L.O.A.	L.O.A.	—	Sluggish uterus	0 25	67 25	0 40	0 15	Enema, sedatives	Forceps	No — 7 14 A. A.
40	M618	33	—	1	L.O.I.	L.O.A.	Mild disproportion	Inertia	0 10	71 40	0 10	0 35	Pethidine	Normal	No — 6 14 A. A. Admitted at end of first stage.
PRIVATE															
41	M112	28	—	—	R.O.A.	L.O.A.	? Disproportion, hard head	Rigid cervix	17 40	64 40	4 30	0 45	Sedatives	Forceps	No — 7 1 A. A. 4 wks. overdue.
42	M117	30	—	—	L.O.A.	L.O.A.	Rhesus antibody dies	Unripe cervix	96 15	70 45	1 45	0 25	Sedatives	Forceps	No — 7 3 A. A. A.R.M.
43	M122	34	1	—	R.O.A.	R.O.A.	Rigid cervix	—	67 17	—	—	—	Sedatives	Caesarean Sect.	No — 5 8 A. A. A.
44	M549	49	—	—	L.O.A.	L.O.A.	Elderly primi-gravida	Sluggish uterus, rigid soft parts	3 15	50 0	2 0	0 40	Sedatives	For:eps	No — 6 12 A. A. A.

TABLE 12

PERSISTENT POSTERIOR POSITION OF THE OCCIPUT AND TRANSVERSE ARREST

75 Cases.

The hospital obstetric medical officers are taught to use Kielland's forceps, and they have been used when rotation of the head has been required.

No mother died. Four foetuses were stillborn, a foetal mortality of 5.3%.

Case No.	Reg. No.	Age	Previous Pregnancies Before 28 wks.	Maturity After 28 wks.	Position of Occiput	Type of Pelvis if known	Treatment	Result M. C.	Weight of Child lb. oz.	Remarks
BOOKED										
1	W 75	21	—	1	37	L.O.P.	Justo-minor ...	... A. A.	3 11	Small head.
2	W 94	23	—	—	41	L.O.L.	Normal ...	... A. A.	7 8	Muscle-bound outlet.
3	W 126	36	—	—	37	L.O.L.	Normal ...	... A. A.	6 3	
4	W 143	35	—	—	38	R.O.P.	Contracted outlet ...	... A. S.B.	7 1	Cord prolapsed.
5	W 175	38	—	1	40	L.O.P.	Android ...	... A. S.B.	9 10	Prolonged labour.
6	W 222	24	—	—	43	L.O.P.	Contracted outlet ...	... A. A.	8 5	Complete tear.
7	W 232	26	—	—	41	R.O.P.	Android ...	... A. A.	8 9	Prolapse of hand.
8	W 238	26	—	—	40	R.O.P.	Normal ...	... A. A.	6 7	Rotation easy, extraction very difficult.
9	W 243	25	—	—	41	R.O.P.	Contracted outlet ...	... A. S.B.	8 12	Uterine inertia.
10	W 267	28	—	—	40	R.O.P.	Caesarean Section ...	... A. A.	10 12	Prolonged labour, P.P.H.
11	W 337	31	—	—	42	L.O.P.	Forces rotation and delivery ...	... A. A.	9 1	P.P.H., manual removal of placenta.
12	W 362	26	—	—	42	R.O.P.	Manual rotation, forceps delivery ...	... A. A.	8 3	Prolonged labour, manual removal of placenta.
13	W 391	21	—	—	40	R.O.P.	Forces rotation and delivery ...	... A. A.	7 3	
14	W 437	28	—	1	40	R.O.P.	Normal ...	... A. A.	6 8	Forceps applied for foetal distress early in second stage.
15	W 463	29	—	—	40	R.O.P.	Normal ...	... A. A.	8 1	Deflexed head.
16	M 3	22	—	—	39	L.O.P.	Normal ...	... A. A.	5 15	Small head.
17	M 12	27	—	—	40	L.O.P.	Normal ...	... A. A.	8 15	Large deflexed head.
18	M 19	36	—	—	40	R.O.P.	Normal ...	... A. A.	7 4	Second twin, small head.
19	M 21	20	—	—	39	R.O.P.	Normal ...	... A. A.	4 14	Large deflexed head.
20	M 51	28	—	—	40	R.O.P.	Funnel shaped ...	... A. A.	9 10	Pelvic floor lax after delivery of first twin.
21	M 89	24	—	1	40	R.O.P.	Normal ...	... A. A.	7 10	
22	M 133	39	—	2	41	R.O.P.	Normal ...	... A. A.	9 0	Deficient pelvic floor.
23	M 137	39	—	2	40	R.O.P.	Normal ...	... A. A.	9 6	
24	M 151	21	—	—	39	R.O.P.	Normal ...	... A. A.	8 5	
25	M 163	32	—	1	41	R.O.P.	Normal ...	... A. A.	6 8	
26	M 198	27	—	2	40	R.O.P.	Normal ...	... A. A.	9 2	
27	M 244	26	—	—	40	L.O.P.	Normal, large ...	... A. A.	9 11	
28	M 252	34	—	—	41	L.O.P.	Normal ...	... A. A.	7 0	Prolapsed cord.
29	M 269	28	—	—	41	R.O.P.	Normal ...	... A. A.	8 9	Inertia, deflexed head.
30	M 307	34	—	2	40	L.O.P.	Normal ...	... A. A.	8 1	Deficient pelvic floor.
31	M 334	28	—	2	41	L.O.P.	Normal, roomy ...	... A. A.	8 15	
32	M 335	38	—	4	40	L.O.P.	Normal ...	... A. A.	7 7	Lax pelvic floor.
33	M 342	27	—	—	39	R.O.P.	E.C. 8 $\frac{3}{4}$ in. ...	... A. A.	7 1	Android pelvis.
34	M 378	25	—	1	35	R.O.P.	Normal ...	... A. A.	5 15	Small foetal head.
35	M 386	28	—	1	43	R.O.P.	Normal ...	... A. A.	6 5	
36	M 409	24	—	—	38	R.O.P.	Normal ...	... A. A.	5 13	

PERSISTENT POSTERIOR POSITION OF THE OCCIPUT AND TRANSVERSE ARREST—*continued*

Case N. ^a .	Reg. No.	Age	Previous Pregnancies		Matu- rity	Position of Occiput	Type of Pelvis if known	Treatment	Result M. C.	Weight of Child lb. oz.	Remarks
			Before 28 wks.	After 28 wks.							
37	M453	26	—	1	42	R.O.P.	Normal	...	A. A.	6 12	High deflexed head.
38	M496	28	—	—	43	R.O.P.	Normal	...	A. A.	8 10	
39	M530	27	—	1	40	R.O.P.	Normal	...	A. A.	7 5	
40	M532	25	—	—	41	L.O.P.	Normal	...	A. A.	7 1	Fir-t twin.
41	M535	32	—	—	43	L.O.P.	Cavity slightly reduced	...	A. A.	7 13	Right leg 1 in. short. Inertia syndrome.
42	M539	23	—	—	40	L.O.P.	Normal	...	A. A.	7 4	Deflexed head.
43	M542	27	—	1	40	R.O.P.	Normal	...	A. A.	7 8	
44	M543	25	—	1	38	L.O.P.	Flat	...	A. S.B.	5 13	Second twin.
45	M553	29	—	—	38	R.O.P.	Normal	...	A. A.	7 14	Deflexed head.
46	M563	22	—	—	40	R.O.P.	Contracted outlet	...	A. A.	6 12	Inertia syndrome.
47	M564	29	—	—	40	R.O.P.	Normal	...	A. A.	9 3	
48	M585	28	—	—	40	R.O.P.	Normal	...	A. A.	6 15	Second twin.
49	M610	21	—	—	40	L.O.P.	Contracted outlet	...	A. A.	6 7	
50	M641	20	—	—	40	L.O.P.	Normal	...	A. A.	8 10	Deflexed head.
51	M660	29	—	—	41	R.O.P.	Normal	...	A. A.	9 2	
52	M690	25	—	—	39	R.O.P.	Android	...	A. A.	8 2	
53	M682	32	—	—	41	R.O.P.	Normal	...	A. A.	8 0	
54	M723	22	—	—	37	R.O.P.	Normal	...	A. A.	8 8	
55	M740	22	—	—	37	R.O.P.	Normal	...	A. A.	7 5	
56	M766	22	—	—	39	R.O.P.	Normal	...	A. A.	5 11	
57	M771	29	—	—	40	L.O.P.	Normal	...	A. A.	6 14	
58	M775	37	—	—	37	R.O.P.	Contracted outlet	...	A. A.	7 10	High deflexed head.
59	M785	37	—	—	42	R.O.L.	Normal	...	A. A.	7 5	Not enough time given for rotation of head. Forceps applied for maternal distress.
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NON-BOOKED											
60	W 85	26	—	—	36	R.O.P.	Normal	...	A. A.	5 7	
61	M 4	28	—	—	40	R.O.P.	Normal	...	A. A.	6 13	Second twin.
62	M 53	21	—	—	38	L.O.P.	Normal	...	A. A.	7 10	
63	M313	21	—	—	—	L.O.P.	Normal	...	A. A.	6 8 } Twins	
64	—	—	—	—	41	R.O.L.	Normal	...	A. A.	6 7 }	
65	M425	19	—	—	41	R.O.P.	Normal	...	A. A.	8 0	
66	M438	37	—	—	38	R.O.P.	Normal	...	A. A.	7 14	
67	M514	32	—	—	40	L.O.P.	Normal	...	A. A.	5 12	Second twin.
68	M594	26	—	—	—	R.O.P.	Normal	...	A. A.	7 7	Cord prolapsed during manual rotation.
<hr/>											
PRIVATE											
69	M123	26	—	—	42	R.O.P.	Normal	...	A. A.	10 7	
70	M174	29	—	—	42	L.O.L.	Normal	...	A. A.	8 2	
71	M265	29	—	—	40	R.O.P.	Narrow outlet	...	A. A.	7 9	Forceps rotation and delivery to pubes.
72	M451	39	—	—	40	L.O.P.	Normal	...	A. A.	7 13	Forceps rotation and delivery to pubes.
73	M591	38	—	—	40	R.O.P.	Normal	...	A. A.	8 14	Manual rotation, forceps delivery.
74	M700	25	—	—	40	L.O.P.	Normal	...	A. A.	7 10	Forceps rotation and delivery to pubes.
75	M796	23	—	—	40	R.O.P.	Normal	...	A. A.	8 11	Labour induced.

TABLE 13
UNCOMPLICATED BREECH DELIVERY

9 Cases.

An uncomplicated breech delivery is one where an additional risk to the life of the foetus is not present—such as ante-partum haemorrhage, prematurity, mortisity, pre-eclampsia, twins, etc. Extended limbs and prolapse of the cord are due to the breech presentation itself and so are included in this table.

One object of ante-natal care is to reduce the number of breech deliveries to a minimum. Infant losses in the uncomplicated breech delivery table may be regarded as preventable by ante-natal treatment.

In the 1,163 Booked cases delivered during the year, only 7 uncomplicated breech deliveries occurred, and the foetal mortality due to breech labour was 1, a complicated breech delivery No. W398.

The method of delivery normally adopted is to have the woman in the lithotomy position, and when the breech is on the perineum, episiotomy is done under local anaesthesia. Delivery is not assisted until it is found that the arms are extended, when they are brought down, or until the delivery of the head. Burn's method is adopted for this.

Case No.	Reg. No.	Age	Previous Pregnancies Before 28 wks.	Matu- rity or Extended 28 wks.	Legs Flexed or Extended	Method of Delivery	Result M. C.	Weight of Child lb. oz.	Episiotomy or Tear	Remarks
BOOKED										
1	W134	27	—	1	40	Flexed	A. A.	7 12	Epis.	Cephalic version 32 wks.
2	M336	32	—	—	41	Extended	A. A.	6 8	Epis.	Vertex labour expected.
3	M364	36	1	4	44	Extended	Head extracted by Smellie-Veit method	...	...
							Normal ...	...	...
4	M467	34	—	—	—	38	Mauriceau-Smellie-Veit method	A. A.	8 8	—
5	M556	27	2	—	—	40	Legs and arms brought down.	A. A.	5 13	Epis.
							Head extracted by Smellie-Veit method	...	...
6	M587	40	—	—	—	38	...	A. A.	6 14	Epis.
7	M657	35	1	3	41	Flexed	Legs brought down, head de-livered by Smellie-Veit method	A. A.	6 13	Epis.
						Extended	Head delivered by Burn's method	A. A.	8 11	Epis.
PRIVATE										
8	M139	35	—	2	39	Flexed	Precipitate delivery	...	...	A. A.
9	M484	37	—	1	40	Extended	Assisted head	...	...	A. A.
							Assisted head	...	...	Epis.

TABLE 13A

BREECH PRESENTATION TREATED BY CAESAREAN SECTION

3 Cases

COMPLICATED BREECH DELIVERY (EXCLUDING BREECH BY VERSION IN LABOUR)

No mother died. There were 2 stillbirths and one infant death
14 Cases.

Pre-eclampsia ... No special treatment ... A. A. 6 2 Epis. Pvelitis.

TABLE 15
FACE AND BROW PRESENTATION

4 Cases.

Case No.	Reg. No.	Age	Previous Pregnancies	Maturity	Position	Treatment	Method of Delivery	Result M. C.	Weight of Child lb. oz.	Remarks
BOOKED										
1 M237	28	—	—	44	L.M.A.	—	Unassisted ... Forceps ...	... A. A. ... A. A.	7 10 6 9	Vertex onset of labour. Deflexed head before labour.
2 M653	36	1	3	40	L.M.A.	—				
NON-BOOKED										
3 M346	29	—	1	41	L.M.A.	Failed forceps at home	... Caesarean Section ...	A. M.	9 2	Obstructed labour. True knot in cord.
PRIVATE										
4 M439	29	—	1	39	R.M.A.	No special treatment	... Unassisted ...	... A. A.	8 0	Secondary face.

TABLE 16
TRANSVERSE AND OBLIQUE LIE (IN LABOUR)

No case

TABLE 17

MULTIPLE PREGNANCY

22 Cases of twins.

No mother died. 4 foetuses were stillborn, a foetal mortality of 9%.

Case No.	Reg. No.	Age Before 28 wks.	Previous Pregnancies Matu 1st 2nd	Presentation 1st 2nd	Method of Delivery 1st 2nd	Sex 1st 2nd	Weight 1st lb. oz. 2nd lb. oz.	Type if known	Result M. 1st 2nd	Remarks	
BOOKED											
1 W246	23	—	—	37	Breech	Vertex	M.	5 12	6 10	—	
2 W263	27	—	—	37	I.O.A.	R.S.A.	M.	6 2	5 15	Binovular	
3 W287	29	—	—	37	L.O.A.	R.O.A.	M.	5 0	5 14	Binovular	
4 W315	35	—	—	38	R.O.A.	R.O.P.	M.	6 5	5 6	Binovular	
5 W394	34	—	—	35	R.O.A.	P.O.P.	F.	4 6	3 10	? Uniovular	
6 W488	36	—	—	38	R.S.A.	L.O.A.	F.	7 6	5 4	Binovular	
7 M17	23	—	—	42	L.O.A.	L.S.A.	F.	5 9	5 13	Binovular	
8 M21	20	—	—	39	L.O.A.	R.O.P.	F.	5 7	4 14	Binovular	
9 M34	27	2	—	36	R.O.A.	L.O.A.	F.	6 0	5 5	Uniovular	
10 M46	28	—	2	30	Vertex	Vertex	M.	2 0	2 4	Ur. ioy lar	
11 M89	24	—	1	40	R.S.A.	R.O.P.	F.	7 6	7 10	Binovular	
12 M347	28	—	2	40	L.S.A.	R.O.A.	M.	5 2	6 0	Binovular	
13 M532	25	—	—	41	L.O.P.	L.O.A.	F.	7 1	8 0	Binovular	
NON-BOOKED											
14 M543	25	—	1	38	L.O.A.	L.O.P.	F.	6 3	5 13	Uniovular	
15 M585	28	—	—	40	R.O.A.	R.O.P.	M.	6 12	6 15	Binovular	
16 M666	34	1	3	39	L.O.A.	L.O.A.	F.	6 12	5 0	Binovular	
17 M702	37	3	3	40	L.S.A.	R.S.A.	F.	7 11	6 2	Binovular	
18 M793	29	—	—	34	R.O.A.	L.O.A.	M.	5 2	2 11	Willett's forceps	
PRIVATE											
19 W 85	26	—	—	36	R.O.A.	R.O.P.	Spontaneous	4 10	5 7	Uniovular	
20 M313	21	—	—	38	L.O.P.	L.O.P.	Spontaneous	6 8	6 7	Binovular	
21 M514	32	—	1	38	L.O.A.	R.O.P.	Spontaneous	7 6	5 12	Uniovular	
22 M122	34	1	—	38	R.S.A.	L.O.A.	Caesarean Section	F.	5 8	6 12	Binovular
									A. A. A.	Inertia.	
									A. A. A.	Inertia.	

BOOKED	Case No.	Reg. No.	Age	Previous Pregnancies 28 wks.	Matu- rity 28 wks.	Indication	PREVIOUS CAESAREAN SECTION		Method of Delivery	Weight of Child lb. oz.	Result M. C.	Remarks
							Weight of Child lb. oz.	Type of C.S.				
1	M 5	35	—	1	45 ?	Contracted pelvic brim Inertia in first labour, posterior position of vertex	6 0	Classical	Normal R.O.A.	6 8	A. A.	
2	M169	37	1	2	41	Breech, mild disproportion	8 6	Lower segment ...	Normal L.O.A....	7 13	A. A.	Second child S.B., vaginal delivery, M292 1948.
3	M257	28	—	1	41		7 11	Lower segment ...	Normal R.O.A....	8 0	A. A.	

TABLE 18
LABOUR FOLLOWING PREVIOUS CAESAREAN SECTION

TABLE 19

CONTRACTED PELVIS AND DISPROPORTION

41 Cases.

Caesarean section was performed in 15 cases. Forceps delivery was carried out in 11 cases. 18 cases were delivered spontaneously. No mother died. Three infants were stillborn, a mortality of 6.5%.

Case No.	Reg. No.	Age Before 28 wks.	Age After 28 wks.	Type of Pelvis	Previous Pregnancies	Pelvic Measurements					Management				M. r. bidity	R. marks							
						Int. Spin.	Int. Crist.	Clinical Ex. Conj.	Trans. Outlet (knuckles)	Height Induction of Labour ft. in.	Surgical Trial of Delivery Stage	Length of 1st Stage	Weight of Child lb. oz.	Result M. C.									
BOOKED																							
1	W 4	29	—	1	38	Platypelloid Gynaecoid	11 9	11 $\frac{1}{2}$ 9 $\frac{3}{4}$	7	P.N.F. P.N.F.	3	High inclination C.V. 11.5 cm., trans. 12 cm.	5 4	No	No	Previous forceps delivery.							
2	W119	26	—	1	40	Android	8 $\frac{1}{2}$	9 $\frac{1}{2}$	7 $\frac{1}{4}$	P.N.F.	3 $\frac{1}{2}$	C.V. 11.5 cm., trans. 12.5 cm.	4 11	No	Yes	Normal	13 30	0 35	6 12	A. A.	Nil	Nil	
3	W164	26	—	—	42	Justo-minor, contracted outlet	10 $\frac{1}{2}$	11 $\frac{1}{2}$	7 $\frac{1}{2}$	P.N.F.	3	—	5 1	No	Yes	Forceps	4 20	4 5	7 14	A. A.	Nil	Nil	
4	W254	27	1	—	40	Justo-minor	9 $\frac{1}{2}$	10 $\frac{1}{4}$	7 $\frac{3}{4}$	P.N.F.	4	—	4 11	No	Yes	Normal	65 25	1 0	7 12	A. A.	Nil	Muscle-bound outlet.	
5	W262	23	—	—	41	Justo-minor Contracted outlet	10 $\frac{3}{4}$	11 $\frac{1}{2}$	8	P.N.F.	5 $\frac{1}{2}$	—	—	5 0	No	Yes	Normal	30 15	0 40	6 14	A. A.	Nil	A.N., breech turned.
6	W282	24	—	1	39	Contracted outlet	10 $\frac{3}{4}$	11 $\frac{1}{2}$	8	P.N.F.	3 $\frac{1}{2}$	—	—	5 2	Yes	No	Normal	9 15	0 50	6 9	A. A.	Nil	Previous dystocia. Sub-public angle "gothic."
7	W283	27	2	2	40	Generally contracted pelvis	9	10	7	4 $\frac{1}{4}$	3	—	4 10	No	No	C.S.	—	—	8 13	A. A.	Nil	Two previous C.S.	
8	W311	26	—	1	37	Gynaecoid	9	9 $\frac{1}{2}$	7 $\frac{1}{2}$	P.N.F.	3	C.V. 10 cm., trans. 12.5 cm.	5 0	Yes	No	Normal	8 40	0 40	7 3	A. A.	Nil	P.P.H.	
9	W356	35	—	1	39	Platypelloid	9 $\frac{1}{2}$	10	7	4 $\frac{1}{2}$	3	C.V. 10.5 cm., trans. 13.5 cm.	5 0	No	No	Normal	16 20	0 25	6 0	A. A.	Nil	Deep transverse arrest.	
10	W391	21	—	—	40	? Android	9 $\frac{1}{2}$	10 $\frac{3}{4}$	8	P.N.F. P.N.F.	3 $\frac{1}{2}$	—	5 1	No	Yes	Forceps	51 0	4 5	7 3	A. A.	Nil	Narrow pubic arch.	
11	W412	32	—	—	40	Contracted outlet	10 $\frac{3}{4}$	11 $\frac{1}{2}$	8 $\frac{1}{2}$	P.N.F.	3 $\frac{1}{2}$	—	5 3	No	No	Forceps	50 20	2 55	9 3	A. A.	Nil	Osteo-chondritis of dorsal spine.	
12	W494	20	—	—	40	Gynaecoid	9 $\frac{1}{2}$	10	7 $\frac{3}{4}$	P.N.F.	3 $\frac{1}{2}$	C.V. 10.5 cm., trans. 12.2 cm.	4 10	No	Yes	Normal	34 15	1 5	7 5	A. A.	Nil	Low false promontory.	
13	W554	24	—	—	40	Gynaecoid	10	11	7 $\frac{3}{4}$	5	4	—	5 3	No	Yes	C.S. for foetal distress	17 5	—	7 6	A. A.	Nil	Marked lumbar lordosis.	
14	M 16	42	—	2	39	Android	10 $\frac{3}{4}$	11 $\frac{1}{2}$	8	5	3 $\frac{1}{2}$	C.V. 11.25 cm., trans. 13 cm.	4 11	No	No	C.S.	—	—	5 4	A. A.	3 days	Persistent transverse lie. First child forceps, S.B.	
15	M 51	28	1	—	40	Funnel Gynaecoid	10 $\frac{1}{2}$ 9 $\frac{1}{4}$	11 $\frac{3}{4}$ 10 $\frac{1}{4}$	8 $\frac{1}{2}$ 8	P.N.F. P.N.F.	3 $\frac{1}{2}$ 3 $\frac{1}{2}$	C.V. 11.5 cm., trans. 12.8 cm.	5 4	No	Yes	Forceps	22 30	7 15	9 10	A. A.	Nil	Forceps rotation. Pre-eclampsia.	
16	M 59	26	—	—	40	Gynaecoid	10 $\frac{1}{2}$	11 $\frac{1}{2}$	7 $\frac{1}{2}$	4 $\frac{1}{2}$	3 $\frac{1}{2}$	C.V. 9.7 cm., trans. 13 cm.	5 0	No	No	Normal	7 10	1 5	5 14	A. A.	Nil	C.V. 11.8 cm., trans. 11.9 cm.	
17	M 83	29	1	—	40	Gynaecoid	10	11	8	P.N.F.	3 $\frac{1}{2}$	—	4 10	No	Yes	Forceps	29 0	5 30	7 1	A. A.	Nil	Platypelloid	
18	M108	28	—	—	38	Gynaecoid	10 $\frac{1}{4}$	11	6 $\frac{1}{2}$	4 $\frac{1}{2}$	4	—	4 9	No	No	Normal	9 0	0 20	6 2	A. A.	Nil	P.P.H.	

CONTRACTED PELVIS AND DISPROPORTION—*continued*

Case No.	Reg. No.	Previous Pregnancies	Age Before 28 wks.	After 28 wks.	Maturity	Type of Pelvis	Pelvic Measurements						Management						Mor-bidity	Remarks			
							Int. Spin.	Int. Crist.	Clinical Ex. Conj.	D.C. Trans. Outlet	(knuckles)	Radiological	Height ft. in.	Surgical Induction of Labour	Method of Delivery	1st Stage	2nd Stage	Child M. C.	Result				
20	M147	23	—	1	38	Gynaecoid	8 $\frac{3}{4}$	9 $\frac{3}{4}$	7 $\frac{1}{2}$	4 $\frac{3}{4}$	4	C.V. 11.5 cm., trans. 11.2 cm.	5 0	No	No	Normal	20 50	0 10	6 5	A. A.	Nil	Previous child 5 lb. 14 oz.	
21	M318	28	—	—	39	Justo-minor	10	10 $\frac{2}{3}$	7 $\frac{1}{2}$	4 $\frac{1}{2}$	4	C.V. 10 cm., trans. 12.75 cm.	4 10	No	No	Normal	6 40	0 20	6 10	A. A.	Nil	Dorsal-lumbar scoliosis.	
22	M319	29	—	1	39	Contracted outlet	10 $\frac{1}{2}$	11 $\frac{1}{2}$	8 $\frac{1}{4}$	P.N.F.	3	—	—	5	No	C.S.	—	—	8 5	A. A.	Nil	Bi-cornuate uterus, previous C.S., narrow pubic arch, breech.	
23	M357	23	—	—	41	Gynaecoid	10 $\frac{1}{4}$	11 $\frac{1}{4}$	7 $\frac{3}{4}$	P.N.F.	4	—	—	5 0	No	Yes	Normal	5 15	0 40	7 3	A. A.	Nil	Occipito-posterior position.
24	M360	33	—	1	40	Generally contracted	10	10 $\frac{1}{2}$	7	4 $\frac{1}{2}$	3 $\frac{1}{2}$	—	—	4 9	No	No	C.S.	—	—	7 3	A. A.	Nil	Breech presentation, kyphosis, muscle-bound outlet.
25	M391	33	—	—	39	Android	9 $\frac{1}{2}$	10 $\frac{1}{4}$	7	4 $\frac{3}{4}$	3 $\frac{1}{2}$	C.V. 10.25 cm., trans. 13.5 cm.	5 0	No	No	C.S.	—	—	7 1	A. A.	Nil	Mitral stenosis, posterior position, high head.	
26	M481	40	—	—	39	Gynaecoid	10 $\frac{3}{4}$	11 $\frac{1}{4}$	8	P.N.F.	4	—	—	5 1	No	Yes	Normal	34 0	0 35	6 2	A. A.	Nil	Absolute inertia after birth of 1st twin.
27	M532	25	—	—	42	Platypelloid	10 $\frac{1}{2}$	11 $\frac{1}{2}$	7 $\frac{1}{2}$	4 $\frac{1}{2}$	4	—	—	5 0	No	No	Forceps	52 10	90 42	7 1	A. A.	26 days	Manual removal of placae.
																	rot. and delivery	8 0	M.				
																	Forceps rot. and delivery	8 0	M.				
28	M533	26	—	—	41	Platypelloid	9 $\frac{1}{4}$	10 $\frac{2}{4}$	8	4 $\frac{1}{2}$	3 $\frac{1}{2}$	C.V. 11 cm., trans. 13 cm.	5 5	No	Yes	C.S.	48 30	—	—	6 14	A. A.	Nil	Low false promontory.
29	M543	25	—	1	38	Platypelloid	9 $\frac{1}{2}$	10 $\frac{1}{2}$	8	4 $\frac{3}{4}$	3 $\frac{1}{2}$	—	—	4 11	No	No	Normal	9 25	3 30	6 3	A. A.	No	Twins
30	M554	25	—	1	38	Gynaeco-android	10 $\frac{1}{4}$	11 $\frac{1}{2}$	7	4 $\frac{1}{2}$	3	C.V. 11 cm., trans. 13.2 cm.	5 3	Yes	No	Normal	14 5	0 30	7 14	A. A.	S.B.	Posterior position, episiotomy.	
31	M646	32	—	—	40	Contracted outlet	10 $\frac{6}{7}$	11 $\frac{7}{8}$	8 $\frac{1}{8}$	P.N.F.	3 $\frac{1}{2}$	—	—	5 2	No	Forceps	11 40	2 15	8 1	A. A.	Nil	Infant cleft palate.	
32	M684	35	—	—	38	Generally contracted	9 $\frac{1}{2}$	10 $\frac{1}{2}$	7 $\frac{1}{2}$	4 $\frac{3}{4}$	4	—	—	4 11	No	No	Normal	6 40	1 25	5 15	A. A.	Nil	Narrow pubic arch.
33	M712	41	—	—	42	Contracted outlet	9	11 $\frac{1}{4}$	8 $\frac{1}{4}$	P.N.F.	3 $\frac{1}{2}$	—	—	5 1	No	Yes	Forceps	66 30	1 40	6 12	A. A.	Nil	Previous C.S., previous forceps, S.B.
34	M717	33	—	3	40	Rickety flat	10 $\frac{1}{2}$	10 $\frac{3}{4}$	7 $\frac{3}{4}$	—	—	—	4 11	No	No	C.S.	—	—	5 12	A. A.	Nil	Dystocia dystrophia syndrome, pre-eclampsia.	
35	M735	34	1	—	40	Contracted outlet	9	10 $\frac{1}{2}$	8 $\frac{1}{4}$	?	4	—	—	5 1	No	No	C.S.	—	—	9 11	A. A.	Nil	Inertia, posterior position.
36	M775	37	—	—	42	Contracted outlet	9	10 $\frac{2}{4}$	7 $\frac{1}{2}$	P.N.F.	3	—	—	5 2	No	Yes	C.S.	52 0	0 25	7 10	A. A.	Nil	
37	M795	40	2	2	37	Generally contracted	9 $\frac{3}{4}$	10 $\frac{1}{2}$	7	5	3 $\frac{1}{2}$	—	—	5 0	Yes	No	Normal	5 0	0 15	5 0	A. A.	Nil	
38	M827	37	—	1	39	Justo-minor	9 $\frac{3}{4}$	10 $\frac{1}{4}$	7 $\frac{1}{2}$	4 $\frac{1}{2}$	3	—	—	5 0	No	No	C.S. (repeat)	—	—	6 3	A. A.	Nil	1946, W52 (pyrexial), local anaesthesia.
39	M837	33	1	—	38	Contracted outlet	9 $\frac{1}{2}$	11 $\frac{1}{2}$	7	P.N.F.	3 $\frac{1}{2}$	—	—	5 1	No	No	Forceps	46 35	3 25	8 5	A. A.	Nil	Foetal distress.

CONTRACTED PELVIS AND DISPROPORTION—*continued*

Case No.	Reg. No.	Age Before 28 wks.	After 28 wks.	Type of Pelvis	MANAGEMENT										Remarks			
					Int. Spin.	Int. Crist.	Clinical Ex. Conj.	Trans. D.C.	Radiological Outlet (knuckles)	Height ft. in.	Surgical Induction of Labour	Method of Delivery	1st Stage	2nd Stage	Length of Child	Result M. C.		
NON-BOOKED																		
40	W162	27	—	—	39	Android	9 $\frac{5}{8}$	10 $\frac{2}{8}$	7 $\frac{3}{8}$	P.N.F.	4	—	—	7 2	A.	Nil		
41	W193	44	—	—	41	Contracted outlet	10 $\frac{1}{2}$	12 $\frac{1}{2}$	7 $\frac{1}{2}$	—	—	4 11	No	6 11	A.	Nil		
42	M346	29	—	1	41	Platypelloid	—	—	4 $\frac{1}{2}$	—	4	5 2	No	9 2	A.	Nil		
43	M376	34	—	—	40	Generally con- tracted	10 $\frac{1}{4}$	11 $\frac{3}{8}$	7 $\frac{3}{8}$	—	—	—	5 0	No	55 0	—	6 2 A. A. Nil	
PRIVATE	44	M488	34	—	—	41	Contracted outlet	8 $\frac{5}{8}$	10 $\frac{1}{2}$	7 $\frac{1}{2}$	P.N.F.	3	—	5 1	No	Yes	Forceps	63 20 0 10 7 12 A. A. Nil
																	Inertia. episiotomy.	

TABLE 20
FAILED FORCEPS

Case	Reg. No.	Age	Previous Pregnancies		Failed before or 28 wks.		Cause of Failure	Treatment and Method of Delivery	Weight of Child lb. oz.	Result M. C.	Remarks	
			Before	After	Before	After						
NON-BOOKED												
1	M346	29	—	1	41	Before	Disproportion, face presentation...	Caesarean Section although foetus dead	9	2	A. M.	
PRIVATE	2	M796	23	—	—	40	After	Posterior position	8	11	A. A. R.M. at term.

TABLE 21

PROLAPSE AND PRESENTATION OF CORD

9 Cases.

Mo mother died. Two foetuses were stillborn, a foetal mortality of 22%.

Case	Reg. No.	Age	Previous Pregnancies		Matu- rity 28 wks.	Size of os when Diagnosed	Cause (if known)	Treatment	Result M. C.	Remarks
			Before	After						
BOOKED										
1	W175	38	1	—	40	$\frac{4}{5}$ dilated	—	Forceps delivery	...	A. S.B.
2	W292	34	1	—	41	$\frac{5}{6}$ dilated	Posterior position, attempted	Caesarean Section	...	A. A.
3	M252	34	—	—	41	Fully dilated	manual rotation of head	Forceps delivery	...	A. A.
4	M308	27	—	1	42	$\frac{1}{2}$ dilated	—	Attempted replacement by gum elastic catheter	...	A. S.B.
5	M585	28	—	—	40	Fully dilated	Posterior position, high head,	Forceps delivery	...	A. A.
6	M664	32	—	3	40	$\frac{1}{2}$ dilated	early rupture of membranes	Caesarean Section	...	A. A.
7	M710	35	3	—	34	Fully dilated	Small head	Episiotomy, delivery hastened	...	A. A.
NON-BOOKED										
8	M594	26	—	—	40	Fully dilated	Posterior position, manual rotation	Replaced, forceps applied	...	A. A.
PRIVATE	9	W354	34	1	—	40	Fully dilated	Deflexed head	...	...
								Forceps delivery	...	Long second stage.

TABLE 22

POST-PARTUM HAEMORRHAGE

116 Cases.

No maternal death. 60 patients had blood transfusions.

Primary P.P.H. by convention over 20 oz. and within 24 hours of delivery. Secondary P.P.H. includes any appreciable haemorrhage occurring subsequently during the puerperium.
 Treatment in all cases of haemorrhage consisted in manual stimulation of the uterus, ergometrine 0.5 mg. injected intramuscularly, or 0.25–0.5 mg. intravenously, morphia gr. $\frac{1}{4}$ subcutaneously.
 Variations or additions to the treatment are given in the treatment column.

Case No.	Reg. No.	Age	Previous Pregnancies	Before Maturity wks.	After Maturity wks.	Method of Delivery	Duration of Labour hr. m.	Amount of Haemorrhage Before Delivery of Placenta oz.	Cause or Predisposing Factor	Treatment (See above)	Result to Mother	Remarks
BOOKED												
1	W 15	27	—	—	—	40	Spontaneous	33 15	36	+	—	A.
2	W 21	22	—	—	1	39	Spontaneous	9 45	50	+	—	A.
3	W 25	20	—	—	1	35	Spontaneous	6 15	30	+	—	A.
4	W 31	23	—	—	—	42	Spontaneous	13 55	20	12	—	Mitral Stenosis
5	W 46	27	—	—	—	39	Spontaneous	31 40	35+	—	—	A.
6	W 62	28	—	—	—	40	Spontaneous	12 50	20	12	—	Uterus explored 11th day of puerperium.
7	W 94	23	—	—	—	41	Forceps	57 45	30	—	—	Obstetric shock.
8	W127	36	1	1	—	40	Spontaneous	15 15	30	6	—	A.
9	W147	33	—	—	—	40	Spontaneous	10 0	—	—	—	Intra-uterine glycerine injections.
10	W181	30	—	—	1	42	Spontaneous	4 0	2	22	—	A.
11	W183	33	—	—	1	41	Spontaneous	12 40	20	8	—	No A.
12	W185	28	—	—	—	40	Spontaneous	8 35	16	24	—	No A.
13	W198	34	—	—	2	38	Spontaneous	7 5	4	24	—	No A.
14	W218	21	—	—	1	43	Spontaneous	7 40	—	28	—	No A.
15	W220	23	—	—	1	39	Spontaneous	15 30	—	40	—	No A.
16	W243	25	—	—	—	41	Forceps	56 20	20	3	—	No A.
17	W263	27	—	—	—	37	Spontaneous	7 10	16	12	—	Twins, A.P.H.
18	W266	31	—	—	1	40	Spontaneous	10 10	30	10	—	A.
19	W278	28	—	—	—	42	Spontaneous	14 5	36	18	—	2 A.
20	W280	25	—	—	—	41	Spontaneous	23 0	16	34	—	A.
21	W320	33	—	—	2	38	Spontaneous	5 20	—	26	—	No A.
22	W328	25	—	—	1	42	Spontaneous	11 20	10	30	—	A.
23	W337	31	—	—	—	42	Forceps	59 55	16	6	—	No A.
24	W343	31	—	—	—	38	Spontaneous	15 10	20	10	—	A.

POST-PARTUM HAEMORRHAGE—*continued*

Case No.	Reg. No.	Age	Previous Pregnancies		Method of Delivery	Duration Before Second-Delivery of Labour of Placenta			Cause or Predisposing Factor	Treatment (See above)	Result to Mother
			Before 28 wks.	After 28 wks.		hr. m.	oz.	oz.			
25	W353	37	—	1	40	Spontaneous	11 35	36	—	—	Partially separated placenta, inertia
26	W355	35	—	1	40	Spont. neu.	17 40	24	—	—	Partially separated placenta...
27	W362	26	—	—	42	Spontaneous	31 15	25	15	—	Inertia, partially separated placenta
28	W364	28	1	—	40	Spontaneous	9 55	32	4	—	Large partially separated placenta
29	W410	34	—	2	38	Spontaneous	12 10	24	—	—	Partially separated placenta...
30	W412	32	—	—	40	Forceps	53 25	40	—	—	Inertia, partially separated placenta
31	W416	29	—	—	40	Spontaneous	8 20	40	—	—	Partially separated placenta...
32	W417	36	—	2	40	Spontaneous	2 0	—	60	—	Inertia ...
33	W432	31	1	1	40	Spontaneous	6 15	30	—	—	Partially separated placenta...
34	W435	23	—	—	41	Spontaneous	21 15	—	30	—	Inertia ...
35	W463	29	—	—	40	Forceps	64 20	—	40	—	Inertia, constriction ring ...
36	W467	30	—	—	40	Spontaneous	15 45	36	—	—	Partially separated placenta, inertia
37	W533	27	—	1	43	Spontaneous	4 50	—	40	—	Inertia ...
38	W540	36	—	—	40	Spontaneous	37 25	16	24	—	Partially separated placenta, inertia
39	W552	23	—	—	38	Spontaneous	36 0	30	—	—	Large placenta partially separated
40	M 12	27	—	—	40	Forceps	13 5	40	—	—	Difficult labour, partial separation of placenta
41	M 15	29	—	—	40	Spontaneous	43 20	—	45	—	Inertia ...
42	M 49	29	—	1	39	Spontaneous	7 10	20	5	—	Partial separation of placenta
43	M116	25	—	—	40	Spontaneous	11 45	—	24	—	Inertia ...
44	M121	27	—	1	42	Spontaneous	4 40	—	22	—	Partial separation of placenta
45	M128	33	1	2	39	Spontaneous	9 30	—	32	—	Inertia ...
46	M169	24	—	—	40	Spontaneous	24 35	8	13	—	Partial separation of placenta
47	M179	22	—	1	40	Spontaneous	15 25	26	—	18	Partial separation of placenta
48	M183	24	—	—	40	Spontaneous	18 00	—	32	—	Inertia ...
49	M227	36	—	2	37	Spontaneous	6 40	—	24	—	Inertia ...
50	M231	35	1	2	42	Spontaneous	5 35	—	25	—	Inertia ...
51	M237	28	—	—	44	Spontaneous	36 40	—	—	—	Partial separation of placenta
52	M252	34	—	—	41	Forceps	30 10	18	—	—	Partial separation of placenta
53	M255	29	2	1	40	Spontaneous	14 30	27	16	—	Inertia ...
54	M263	28	—	—	40	Spontaneus	37 15	—	36	—	Partial separation of placenta
55	M291	26	—	3	41	Spontaneous	7 30	33	—	—	Partial separation of placenta
56	M305	24	—	—	41	Spontaneous	9 55	20	16	—	Partial separation of placenta
57	M314	37	—	2	40	Spontaneous	5 15	8	26	—	Partial separation of placenta
58	M326	25	—	—	42	Spontaneous	39 35	30	—	—	Inertia ...
59	M336	32	—	—	41	Spontaneous	21 25	—	30	—	Routine ...
60	M364	36	—	1	4	Spontaneous	2 25	—	25	—	Routine ...

A. Severe shock.
B. Succenturiate placenta.
C. Routine ...

POST-PARTUM HAEMORRHAGE—*continued*

Case No.	Reg. No.	Age	Previous Pregnancies Before 28 wks.	Matu- rity wks.	Method of Delivery	Duration of Labour hr. m.	Amount of Haemorrhage Before Delivery oz.	After Delivery oz.	Second- ary P.P.H.	Cause or Predisposing Factor	Treatment (See above)	Result to Mother	Blood Trans.	Remarks
							Placenta	Placenta	Placenta					
61	M418	22	—	—	Spontaneous	43	30	28	—	Constriction ring	Manual removal	1	A.	
62	M428	37	—	—	Spontaneous	20	0	18	25	Partial separation of placenta	Routine	2	A.	
63	M431	27	—	2	Spontaneous	4	40	—	—	Retained products	Uterus evacuated	2	A.	Intra-uterine glycerine injections.
64	M433	30	—	—	Spontaneous	43	10	15	6	Partial separation of placenta	Routine	1	A.	
65	M435	27	—	2	Spontaneous	21	15	—	60	Inertia	Routine	2	A.	
66	M445	38	—	2	Spontaneous	25	0	—	36	Partial separation of placenta	Expression	1	A.	
67	M489	35	1	2	Spontaneous	10	0	—	22	Inertia	Routine	2	A.	Transfused on 5th day.
68	M495	33	—	1	Spontaneous	7	40	—	24	Inertia	Routine	2	A.	
69	M497	23	—	—	Spontaneous	7	15	—	24	Inertia	Routine	No	A.	
70	M500	42	1	3	Spontaneous	13	25	—	22	Inertia	Routine	No	A.	
71	M502	23	—	—	Spontaneous	54	25	—	30	Long labour, inertia	Routine	No	A.	
72	M507	22	—	—	Spontaneous	15	15	18	4	Partially separated placenta	Expression	No	A.	Retained products evacuated 10th day.
73	M512	28	—	—	Spontaneous	8	25	20	40	Partially separated placenta	Expression	1	A.	
74	M513	32	—	1	Spontaneous	11	20	10	14	Inertia	Routine	No	A.	
75	M520	30	—	—	Spontaneous	9	50	—	43	Inertia	Routine	No	A.	
76	M529	34	—	1	Spontaneous	26	50	—	30	Inertia	Routine	No	A.	
77	M551	35	2	2	Spontaneous	3	30	—	31	Inertia	Routine	No	A.	
78	M559	21	—	1	Spontaneous	5	50	10	11	Partially separated placenta	Expression	No	A.	
79	M598	18	—	—	Spontaneous	4	50	20	20	Inertia	Routine	No	A.	
80	M616	26	—	—	Spontaneous	13	30	—	28	Short cord?	Routine	No	A.	
81	M629	27	—	—	Forceps	18	10	—	30	Inertia	Routine	No	A.	
82	M640	34	—	1	Spontaneous	2	20	15	100	Inertia	Routine	2	A.	Severe collapse.
83	M658	24	—	1	Spontaneous	27	10	20	10	Partially separated placenta	Routine	No	A.	
84	M675	27	—	1	Spontaneous	13	5	—	44	Inertia	Routine	No	A.	
85	M676	35	—	1	Spontaneous	7	5	—	24	Partially separated placenta	Expression	No	A.	
86	M680	23	—	—	Spontaneous	8	45	—	26	Partially separated placenta	Expression	No	A.	
87	M683	29	—	1	Spontaneous	4	30	—	4	Partially separated placenta	Routine	1	A.	
88	M685	26	—	—	Spontaneous	26	20	—	22	Partially separated placenta	Expression	No	A.	
89	M689	41	—	2	Spontaneous	13	45	—	22	Inertia	Routine	No	A.	
90	M714	25	—	—	Spontaneous	35	10	6	24	Partially separated placenta	Manual removal	1	A.	
91	M721	25	—	—	Spontaneous	9	10	—	26	Partially separated placenta	Routine	No	A.	A.P.H.
92	M728	28	—	1	Spontaneous	9	55	20	32	Partially separated placenta	Routine	2	A.	
93	M740	22	—	1	Spontaneous	4	15	12	10	Partially separated placenta	Expression	No	A.	
94	M748	27	—	—	Spontaneous	18	15	20	15	Partially separated placenta	Manual removal	2	A.	Fibroids.
95	M751	29	—	—	Spontaneous	96	10	6	16	Inertia	Routine	No	A.	
96	M781	25	—	2	Spontaneous	5	30	—	24	Partially separated placenta	Expression	No	A.	

POST-PARTUM HAEMORRHAGE—*continued*

Case No.	Reg. No.	Age	Previous Pregnancies		Method of Delivery	Duration Before Delivery of Labour	After Delivery of Placenta	Amount of Haemorrhage	Cause or Predisposing Factor	Treatment (See above)	Result to Mother	Remarks
			Before 28 wks.	After 28 wks.								
NON-BOOKED												
97	W 14	36	—	—	40	Spontaneous	57 25	76	—	Partially separated placenta...	Routine	... A.
98	W 84	23	—	—	40	Spontaneous	32 5	10	18	Partially separated placenta...	Routine	... A.
99	W 99	23	—	2	40	Spontaneous	13 0	10	12	Inertia ...	Routine	... A.
100	W 100	30	3	1	40	Spontaneous	14 45	20	10	Partially separated placenta...	Routine	... A.
101	W 442	17	—	—	37	Spontaneous	10 15	20	4	Partially separated placenta...	Routine	... A.
102	W 541	20	—	1	38	Craniotomy	9 55	10	30	Partially separated placenta...	Routine	... A.
103	M 4	28	—	1	—	Forces	6 58	—	25	Inertia ...	Routine	... A.
104	10352	26	—	—	40	Low forceps	—	?	?	Retained products of conception	Uterus evacuated	... A.
PRIVATE												
105	M 367	33	—	—	1	40	Spontaneous	8 5	—	Inertia ...	... Routine	... A.
106	M 372	41	—	—	—	40	Spontaneous	8 55	—	Inertia ...	... Routine	... A.
107	M 408	27	—	—	—	40	Forces	26 50	—	A.P.H., inertia	... Routine	... A.
108	M 478	21	—	—	—	37	Spontaneous	14 25	—	Partially separated placenta...	... Expression	... A.
109	M 485	33	—	—	1	40	Spontaneous	11 45	20	Inertia ...	... Routine	... A.
110	M 493	33	—	1	40	Spontaneous	12 55	—	25	Partially separated placenta...	... Routine	... A.
111	M 501	28	—	1	39	Spontaneous	8 2	—	26	Twins ...	... Routine	... A.
112	M 514	32	—	1	38	Spontaneous	9 50	10	12	Partially separated placenta...	... Routine	... A.
113	M 566	32	—	1	39	Spontaneous	11 20	38	23	Partially separated placenta...	... Routine	... A.
114	M 579	39	—	1	42	Spontaneous	6 30	10	24	Partially separated placenta...	... Expression	... A.
115	M 618	33	—	1	41	Spontaneous	72 25	—	24	Inertia ...	... Routine	... A.
116	M 637	34	—	2	38	Spontaneous	13 10	28	—	Partially separated placenta...	... Expression	... No

TABLE 23

MANUAL REMOVAL OF PLACENTA

30 Cases.

No maternal death.

When there has been haemorrhage, all these patients have received ergometrine, usually 0.25–0.5 mg. intravenously, and morphia gr. $\frac{1}{4}$ hypodermically.

Blood transfusion was started through a canula in all cases before the manual removal was carried out, except where indicated in the remarks column. In some cases amyl nitrite was required (6–9 minim, by inhalation), to obtain enough relaxation of the uterus for the removal to be done.

Case No.	Reg. No.	Age	Previous Pregnancies	After 28 wks.	Matu- rity	Method of Delivery	Length of Labour			Amount of Bleeding oz.	Result
							1st Stage hr.m.	2nd Stage hr.m.	3rd Stage hr.m.		
BOOKED											
1	W 15	27	—	—	40	Spontaneous	...	...	28 30	1 15	3 30
2	W 46	27	—	—	39	Spontaneous	...	...	23 0	3 10	4 30
3	W 94	23	—	—	41	Forceps	...	...	42 10	6 0	9 35
4	W278	28	—	—	42	Spontaneous	...	...	11 0	1 0	2 5
5	W337	31	—	—	42	Forceps	...	...	46 50	6 5	7 0
6	W343	31	—	—	38	Spontaneous	...	...	10 0	0 40	4 30
7	W353	37	—	—	1	Normal	...	...	7 20	0 5	4 5
8	W362	26	—	—	42	Forceps	...	...	31 15	2 40	0 5
9	W391	21	—	—	40	Forceps	...	...	51 0	4 5	0 2
10	W432	31	1	1	40	Normal	...	...	3 10	0 15	3 5
11	W463	29	—	—	40	Forceps	...	...	49 55	9 30	4 55
12	M 17	23	—	—	42	Twins, L.O.A., R.S.A.	...	...	105 0	3 15	0 5
13	M326	25	—	—	42	Spontaneous	...	...	33 10	4 40	1 45
14	M401	32	—	—	40	Forceps	...	...	18 10	3 40	0 7
15	M418	22	—	—	39	Spontaneous	...	...	40 45	0 45	2 0
16	M419	29	—	—	40	Spontaneous	...	...	14 40	2 15	2 10
17	M532	25	—	—	41	(1) Forceps	...	...	52 10	90 42	0 3
18	M535	32	—	—	43	(2) Forceps	...	...	152 15	1 0	0 5
19	M543	25	—	—	38	Forceps	...	...	9 25	3 30	0 10
20	M572	38	1	—	24	(1) Spontaneous	...	...	?	?	?
						(2) Forceps	...	...	?	?	?
						Born before arrival	...	...	?	?	?
21	M690	25	—	—	41	Forceps	...	...	31 0	2 15	0 8
22	M696	24	—	—	40	Spontaneous	...	...	12 5	0 20	1 35
23	M714	25	—	—	40	Spontaneous	...	...	32 15	0 25	2 30
24	M748	27	—	—	42	Spontaneous	...	...	13 30	2 10	2 35
25	M793	29	—	—	34	(1) Spontaneous	...	...	10 15	1 20	1 30
						(2) Spontaneous	...	...	?	?	?

MANUAL REMOVAL OF PLACENTA—*continued*

Case No.	Reg. No.	Age	Previous Pregnancies		Method of Delivery	Length of Labour	Indication	Amount of Bleeding	Result	Remarks
			Before 28 wks.	After 28 wks.						
26	M826	23	—	1	41	Spontaneous	Constriction ring	... ... ...	15 No A.	A. Not transfused.
27	M831	34	—	—	45	Severe inertia, extraction of macerated foetus	Long labour	20 0 10 5	4 No A.	A. Not transfused.
NON-BOOKED										
28	W 14	36	—	—	40	Prolonged labour, spontaneous delivery	49 45	1 55 5 45	76 No	A.
PRIVATE										
29	W354	34	1	—	40	Cord prolapsed, forceps delivery	14 35	6 40 1 55	Retained placenta	10 No A. Not transfused.
30	M708	34	—	—	41	Normal	... ... ...	7 35 0 30 0 55	Retained placenta	8 No A. Not transfused.

TABLE 24
EXTERNAL VERSION BEFORE LABOUR

See out-patient treatment on page 12.

TABLE 25

SURGICAL INDUCTION OF LABOUR

Labour was induced 103 times, of which 81 were in Booked cases. The indications were : Pre-eclampsia, 34 cases ; previous precipitate labour, 8 cases ; previous dystocia, 9 cases ; post-maturity, 14 cases ; unstable presentation, 1 case ; breech presentation, 1 case ; others, 9 cases. No mother died. Foetal mortality was 3 per cent. The method of induction employed is the rupture of the fore-waters with a non-tooth artery forceps. Great care is taken not to introduce any antiseptic into the vagina, to avoid altering the normal bacterial flora of the vagina.

Case	Reg. No.	Age Before 28 wks.	Previous Pregnancies	Matu- rity	Indication	Method of Induction	I.D.I. hr. m.	Method of Delivery	1st Stage hr. m.	Duration of Labour 2nd Stage hr. m.	Weight of Child lb. oz.	Result M. C.	Remarks	
1	W 19	35	—	1	36	Pre-eclampsia	...	A.R.M.	15	50	5	10	A.	
2	W 38	22	—	1	40	Pre-eclampsia	...	A.R.M.	31	50	0	30	8	14
3	W 45	25	—	1	36	Previous large child	...	A.R.M.	11	10	0	25	8	8
4	W 54	27	—	1	40	Pre-eclampsia	...	A.R.M.	16	40	14	10	0	55
5	W 63	27	—	1	40	Previous large child	...	A.R.M.	13	5	6	25	0	45
6	W 80	27	—	1	38	Rh incompatibility	...	A.R.M.	72	0	6	50	0	40
7	W 95	33	1	1	40	Pre-eclampsia	...	A.R.M.	6	30	6	0	0	30
8	W101	27	2	1	36	Pre-eclampsia	...	A.R.M.	9	30	4	30	0	5
9	W129	20	—	1	39	Pre-eclampsia	...	A.R.M.	13	40	8	5	1	10
10	W143	35	—	1	38	Pre-eclampsia	...	A.R.M.	28	5	24	30	3	35
11	W163	30	—	2	40	Previous dystocia	...	A.R.M.	9	45	8	15	0	55
12	W166	33	—	7	42	Post-maturity	...	A.R.M.	14	25	20	10	0	5
13	W181	30	—	1	42	Post-maturity	...	A.R.M.	30	30	2	55	0	15
14	W191	28	—	1	38	Pre-eclampsia	...	A.R.M.	15	25	15	10	0	15
15	W227	24	—	1	38	Hypertension	...	A.R.M.	39	40	8	0	1	55
16	W243	25	—	1	41	Pre-eclampsia	...	A.R.M.	19	10	49	50	4	30
17	W260	35	—	2	40	Pre-eclampsia	...	A.R.M.	5	30	8	0	0	20
18	W269	28	—	2	40	Economic reasons	...	A.R.M.	13	0	7	30	3	30
19	W282	24	—	1	42	Previous dystocia	...	A.R.M.	24	15	9	15	0	15
20	W299	27	—	—	38	Pre-eclampsia	...	A.R.M.	6	20	14	15	1	35
21	W306	31	—	1	39	Previous precipitate labour	...	A.R.M.	2	35	1	10	0	10
22	W311	26	—	1	37	To prevent disproportion	...	A.R.M.	54	0	8	40	0	40
23	W317	26	—	1	37	Previous precipitate labour	...	A.R.M.	45	0	7	10	0	10
24	W320	33	—	2	38	Previous large children	...	A.R.M.	16	20	7	10	9	8
25	W378	37	1	3	42	Post-maturity	...	A.R.M.	72	0	5	0	0	10
26	W379	19	—	37	1	Pre-eclampsia	...	A.R.M.	14	35	9	5	0	20
27	W392	34	1	41	—	Pre-eclampsia	...	A.R.M.	48	0	7	30	1	50
28	W415	37	—	—	39	Pre-eclampsia	...	A.R.M.	21	30	10	0	—	—
29	W427	23	—	1	36	Pre-eclampsia	...	A.R.M.	24	0	17	15	0	35
30	W454	32	1	38	—	Persistent pyelitis	...	A.R.M.	25	40	19	25	0	25
31	W476	34	—	41	—	Pre-eclamp. ia	...	A.R.M.	48	0	11	20	0	20
32	W505	33	—	—	40	Pre-eclampsia	...	A.R.M.	7	days	5	45	0	10
33	W533	27	—	1	43	Post-maturity	...	A.R.M.	4	35	Spontaneous...	4	5	0
34	W535	30	—	1	42	Post-maturity	...	A.R.M.	6	55	Spontaneous...	6	30	0
35	W536	30	—	1	40	Previous large child	...	A.R.M.	6	35	Spontaneous...	6	20	0
36	W539	32	—	1	40	Social reasons	...	A.R.M.	3	50	Spontaneous...	3	40	0

SURGICAL INDUCTION OF LABOUR—*continued*

Case No.	Reg. No.	Previous Pregnancies		Maternity 28 wks.	Indication	Method of Induction	I.D.I.	hr.m.	Method of Delivery	1st Stage hr.m.	2nd Stage hr.m.	Duration of Labour	Weight of Child lb. oz.	Result M. C.	Remarks
		Before	After												
37	W549	24	—	40	Pre-eclampsia	...	...	...	A.R.M.	15 0	Spontaneous...	14 0	1 0	7 2	A. A.
38	M 11	26	—	1	39	Previous long delivery	...	...	A.R.M.	18 15	Spontaneous...	11 30	0 35	8 6	A. A.
39	M 66	26	—	40	Pre-eclampsia	...	...	...	A.R.M.	11 0	Spontaneous us...	5 50	2 20	6 0	A. A.
40	M130	22	—	—	39	Hypertension	...	...	A.R.M.	6 15	Spontaneous...	3 50	0 25	6 12	A. A.
41	M152	29	—	1	40	Previous large baby	...	...	A.R.M.	14 30	Spontaneous...	13 50	0 40	7 11	A. A.
42	M171	38	—	2	39	Previous precipitate labour	...	...	A.R.M.	56 55	Spontaneous...	56 45	0 10	5 13	A. A.
43	M186	26	—	—	40	Pre-eclampsia	...	...	A.R.M.	7 50	Spontaneous...	7 10	0 40	7 6	A. A.
44	M200	31	—	1	37	Previous child weighed 10 lb.	...	...	A.R.M.	74 10	Spontaneous...	16 55	0 15	7 8	A. A.
45	M205	28	—	—	39	Pre-eclampsia	...	...	A.R.M.	16 15	Spontaneous...	15 25	0 50	5 3	A. A.
46	M209	34	—	1	41	Post-maturity	...	...	A.R.M.	60 15	Spontaneous...	6 10	0 5	5 5	A. A.
47	M1212	19	—	1	42	Post-maturity, hypertension	...	...	A.R.M.	3 0	Spontaneous...	2 55	0 10	8 5	A. A.
48	M227	36	—	2	37	Hypertension	...	...	A.R.M.	42 15	Spontaneous...	6 15	0 8	6 9	A. A.
49	M231	35	1	2	42	Hypertension, Post-maturity	...	...	A.R.M.	24 17	Spontaneous...	4 30	0 47	7 15	A. A.
50	M240	32	—	1	37	Hypertension	...	...	A.R.M.	65 30	Spontaneous...	16 45	0 5	6 15	A. A.
51	M1243	20	—	—	42	Post-maturity	...	...	A.R.M.	7 5	Spontaneous...	6 15	1 15	7 9	A. A.
52	M277	20	—	—	34	Essential hypertension	...	...	A.R.M.	28 0	Spontaneous...	12 0	0 20	3 13	A. A.
53	M324	22	—	—	37	Hypertension	...	...	A.R.M.	27 30	Spontaneous...	12 45	0 45	5 12	A. A.
54	M340	32	—	—	40	Pre-eclampsia	...	...	A.R.M.	9 45	Spontaneous...	19 30	13 15	8 9	A. A.
55	M350	26	2	1	38	Previous dystocia	...	...	A.R.M.	6 35	Spontaneous...	16 30	0 15	8 0	A. A.
56	M366	20	—	—	35	Pre-eclampsia	...	...	A.R.M.	70 0	Spontaneous...	6 20	0 10	3 14	A. A.
57	M371	28	—	2	42	Post-maturity	...	...	A.R.M.	6 55	Spontaneous...	6 40	0 15	8 5	A. A.
58	M379	32	—	1	39	Previous child 8 lb. 12 oz., complete tear	...	...	A.R.M.	11 10	Spontaneous...	9 45	0 5	7 15	A. A.
59	M1400	40	—	3	43	Post-maturity	...	...	A.R.M.	21 25	Spontaneous...	14 30	0 5	8 1	A. A.
60	M1445	38	—	1	40	Pre-eclampsia	...	...	A.R.M.	48 35	Spontaneous...	24 10	0 25	9 5	A. A.
61	M1446	27	—	1	40	Previous precipitate labour	...	...	A.R.M.	38 5	Spontaneous...	5 30	0 5	7 0	A. A.
62	M1487	26	1	—	37	Pre-eclampsia	...	...	A.R.M.	10 20	Spontaneous...	2 45	0 35	7 10	A. A.
63	M494	34	—	2	40	Previous rapid labour	...	...	A.R.M.	68 0	Spontaneous...	3 0	0 45	7 15	A. A.
64	M1518	34	—	3	41	Previous rapid labours	...	...	A.R.M.	12 days	Spontaneous...	1 45	0 10	6 0	A. A.
65	M1544	26	—	2	42	Post-maturity	...	...	A.R.M.	25 25	Spontaneous...	4 20	0 20	7 13	A. A.
66	M1551	35	2	2	40	Previous rapid labour	...	...	A.R.M.	3 25	Spontaneous...	3 15	7 8	A. A.	
67	M1562	29	—	—	39	Breech presentation	...	...	A.R.M.	41 10	Spontaneous...	12 30	1 50	6 12	A. A.
68	M613	22	—	1	38	Previous dystocia	...	...	A.R.M.	94 35	C.S. ...	15 25	—	8 4	A. A.
69	M647	31	—	4	40	Social grounds	...	...	A.R.M.	9 55	Spontaneous...	9 45	0 10	6 9	A. A.
70	M691	37	—	1	40	Post-mature	...	...	A.R.M.	5 55	Spontaneous...	15 30	0 25	8 1	A. A.
71	M697	25	—	1	40	Previous precipitate labour	...	...	A.R.M.	32 40	Spontaneous...	3 20	0 20	7 0	A. A.
72	M698	27	—	—	40	Pre-eclampsia	...	...	A.R.M.	60 30	Spontaneous...	6 0	0 30	5 13	A. A.
73	M705	32	—	2	40	Previous dystocia	...	...	A.R.M.	165 20	Spontaneous...	8 35	0 15	7 8	A. A.
74	M715	29	—	1	39	Pre-eclampsia	...	...	A.R.M.	12 10	Spontaneous...	5 0	0 20	8 8	A. A.
75	M1731	42	1	2	40	Persistent hypertension	...	...	A.R.M.	3 35	Spontaneous...	6 10	0 25	9 14	A. A.
76	M1740	22	—	1	37	Previous dystocia	...	...	A.R.M.	45 0	Spontaneous...	3 50	0 10	7 5	A. A.
77	M1779	37	1	1	40	Large baby, overdue	...	...	A.R.M.	27 0	Spontaneous...	6 55	3 30	9 13	A. A.
78	M795	40	2	2	40	Unstable presentation, previous dystocia	...	...	A.R.M.	83 0	Spontaneous...	5 0	0 15	5 0	A. A.

Previous pregnancy normal.
Hydramnios.
Foetal distress.

Forces.

SURGICAL INDUCTION OF LABOUR—*continued*

Case No.	Reg. No.	Previous Pregnancies		Matu- rity 28 wks. 28 wks.	Indication	Method of Induction	I.D.I.	Method of Delivery	1st Stage hr. m.	2nd Stage hr. m.	Duration of Labour	Weight of Child lb. oz.	Result M. C.	Remarks
		Age Before 28 wks.	After 28 wks.											
79	M801	28	—	40	Pre-eclampsia	...	...	A.R.M.	23 0	Spontaneous...	7 40	0 20	8 4	A. A.
80	M814	23	—	40	At term, previous large baby	...	...	A.R.M.	4 45	Spontaneous...	1 10	0 5	7 15	A. A.
81	M823	28	—	34	Hypertension	...	...	A.R.M.	5 0	Spontaneous...	2 50	0 10	7 10	A. A.
														Recurrent pre-eclampsia.
NON-BOOKED														
82	W 49	35	—	—	Pre-eclampsia	...	...	A.R.M.	21 0	Spontaneous...	13 15	1 0	8 8	A. A.
83	M260	32	—	5	Hypertension	...	...	A.R.M.	23 30	Spontaneous...	15 0	0 10	8 13	A. A.
														Haemoglobin 60%.
PRIVATE														
84	W140	25	—	42	Hypertension	...	...	A.R.M.	44 0	Spontaneous...	45 30	2 10	6 10	A. A.
85	W223	28	2	40	Economic	...	...	A.R.M.	24 0	Spontaneous...	14 30	1 0	7 5	A. A.
86	W261	23	—	40	Pre-eclampsia	...	...	A.R.M.	12 10	Spontaneous...	7 15	0 5	6 14	A. A.
87	W332	43	—	37	Pre-eclampsia	...	...	A.R.M.	48 0	C.S. ...	—	—	5 4	A. A.
88	W354	34	1	40	Pre-eclampsia	...	...	A.R.M.	24 30	Forceps ...	14 35	6 40	8 6	A. A.
89	W358	29	—	38	? Subluxation of symphysis pubis	...	...	A.R.M.	7 10	Spontaneous...	4 15	1 5	7 10	A. A.
90	M 29	39	—	40	Social reasons	...	...	A.R.M.	4 0	Spontaneous...	2 30	0 35	7 9	A. A.
91	M117	30	—	39	Rh incompatibility	...	...	A.R.M.	96 15	Forceps ...	10 45	1 45	6 0	A. A.
92	M172	27	—	41	Economic, previous dystocia	...	...	A.R.M.	11 10	Spontaneous...	9 15	0 10	7 9	A. A.
93	M248	29	—	39	Hypertension	...	...	A.R.M.	17 25	Spontaneous...	17 25	1 15	6 13	A. A.
94	M253	34	—	32	Pre-eclampsia	...	...	A.R.M.	12 0	Spontaneous...	11 30	0 20	3 6	A. A.
95	M273	37	3	37	Rh incompatibility	...	...	A.R.M.	50 0	Spontaneous...	3 15	0 50	7 5	A. A.
96	M294	22	—	40	Hypertension, oedema	...	...	A.R.M.	13 35	Spontaneous...	9 30	1 20	8 1	A. A.
97	M351	36	—	2	Previous large babies	...	...	A.R.M.	2 45	Spontaneous...	2 5	0 40	6 13	A. A.
98	M437	22	—	44	Post-maturity	...	...	A.R.M.	17 0	Spontaneous...	6 50	0 50	6 15	A. A.
99	M439	29	—	2	A.P.H., hypertension	...	...	A.R.M.	9 0	Spontaneous...	1 15	0 45	8 0	A. A.
100	M545	33	—	40	Pre-eclampsia	...	...	A.R.M.	52 45	Forceps ...	38 0	2 15	7 15	A. A.
101	M637	34	—	2	Rh incompatibility	...	...	A.R.M.	39 25	Spontaneous...	12 40	0 10	7 1	A. A.
102	M727	24	—	38	Hypertension	...	...	A.R.M.	14 20	Spontaneous...	13 0	1 50	6 13	A. A.
103	M796	23	—	40	Maturity	...	...	A.R.M.	36 15	Forceps rotation	33 30	2 30	8 11	A. A.
														R.O.P. rotated.

TABLE 26

CAESAREAN SECTION

38 Cases.

No mother died. 2 children were stillborn, a foetal mortality of 5%.

Case No.	Reg. No.	Age	Previous Pregnancies Before 28 wks.	Matu- rity After 28 wks.	Previous C.S.	Indication	Anaesthetic	Type of Operation	If Steri- li-ed	1st Stage hr. m.	2nd Stage hr. m.	Duration	Weight of Child lb. oz.	Result M.	C.	Morbid Remarks	
1	W176	32	—	2	40	Bad history	...	General	...	Lower segment	No	—	7 12	A.	A.	No	
2	W246	23	—	—	37	Pre-eclampsia	...	Spinal	...	Lower segment	No	—	5 12	A.	A.	No	
3	W267	28	—	2	40	Inertia	...	Spinal	...	Lower segment	No	65 30	—	6 10	A.	A.	First forceps, urinary fistula. Twins, signs of primary inertia.
4	W283	27	—	2	40	Contracted pelvis	...	Spinal	...	Lower segment	No	—	10 12	A.	A.	No	
5	W292	34	1	3	41	Prolapsed cord	...	Spinal	...	Lower segment	No	—	8 13	A.	A.	Occipito-posterior, 1948/W35, 1946/W256.	
6	W390	42	—	3	36	Pre-eclampsia	...	Spinal	...	Lower segment	No	—	7 9	A.	A.	Blood transfusion.	
7	W392	34	1	1	41	Foetal distress	...	Spinal	...	Lower segment	No	—	4 10	A.	A.	Verging on eclampsia.	
8	W415	37	—	—	39	Foetal distress	...	Spinal	...	Lower segment	No	10 10	—	11 0	A.	S.B.	Inertia.
9	W530	34	—	—	38	Placenta praevia, type 3	...	Spinal	...	Lower segment	No	—	6 6	A.	A.	A.R.M. for pre-eclampsia.	
10	W554	24	—	—	40	Disproportion	...	Spinal	...	Lower segment	No	—	6 4	A.	A.	Blood transfusion.	
11	M 16	42	—	2	39	Contracted pelvis, recur- rent transverse lie	...	Spinal	...	Lower segment	No	—	7 5	A.	A.	Foetal distress.	
12	M 74	37	—	1	40	Previous dystocia with S.B.	...	Spinal	...	Lower segment	No	—	5 4	A.	A.	Pulmonary embolism.	
13	M216	30	—	—	41	Pre-eclampsia	...	General	...	Lower segment	No	—	7 12	A.	A.	Yes	
14	M269	28	—	—	41	Primary inertia	...	Spinal	...	Lower segment	No	60 40	—	8 9	A.	A.	—
15	M272	32	2	1	40	Persistent transverse lie	...	Spinal	...	Lower segment	No	—	6 10	A.	A.	Previous forceps, S.B.	
16	M319	29	—	1	38	Breech, contracted pelvis	...	Spinal	...	Lower segment	No	—	8 5	A.	A.	Bicornate uterus.	
17	M360	33	—	1	40	Disproportion	...	General	...	Lower segment	No	—	7 3	A.	A.	Previous N.N.D.	
18	M391	33	—	—	39	Breech, contracted pelvis	...	Spinal	...	Lower segment	No	—	7 1	A.	A.	Kyphosis.	
19	M468	35	—	1	38	Presistent breech	...	Spinal	...	Lower segment	No	—	7 6	A.	A.	Previous forceps delivery of 5½ lb. child.	
20	M503	28	1	—	41	Pre-eclampsia, dispropor- tion	...	General	...	Lower segment	No	—	—	8 6	A.	A.	Blood transfusion.
21	M533	26	—	—	41	Impending rupture of uterus	...	Spinal and general	...	Lower segment	No	48 30	—	6 14	A.	A.	—
22	M613	22	—	—	1	Foetal distress	...	Spinal	...	Lower segment	No	15 25	—	8 4	A.	A.	Cervix $\frac{1}{2}$ dilated.
23	M596	25	—	—	38	Pre-eclampsia	...	General	...	Lower segment	No	—	6 10	A.	A.	—	
24	M664	32	—	—	37	Prolapsed cord	...	Spinal	...	Lower segment	No	2 30	—	6 9	A.	A.	Yes
25	M717	33	—	3	40	Contracted pelvis	...	Spinal	...	Lower segment	No	—	5 12	A.	A.	—	
26	M735	34	1	—	40	Pre-eclampsia, dispropor- tion	...	General	...	Lower segment	No	—	9 11	A.	A.	—	
27	M775	37	—	—	42	Contracted outlet, inertia	...	Spinal	...	Lower segment	No	52 25	—	7 10	A.	A.	Trial labour.
28	M807	28	—	—	44	Foetal distress	...	Spinal	...	Lower segment	No	3 0	—	7 0	A.	A.	Inertia syndrome.
29	M827	37	—	—	39	Disproportion	...	Local	...	Lower segment	No	—	6 3	A.	A.	—	

CAESAREAN SECTION—*continued*

Case No.	Reg. No.	Age	Previous Pregnancies Before 28 wks.	Maturity After 28 wks.	Previous C.S.	Indication	Anaesthetic	Type of Operation	If Sterilised	1st Stage hr. m.	2nd Stage hr. m.	Duration of Child	Weight of Child lb. oz.	Result M. C. Morbid	Remarks		
NON-BOOKED																	
30	W 29	35	—	—	44	Inertia	...	Spinal	...	4 days	—	7 9	A. A.	No			
31	W 81	29	—	2	39	Inertia	...	Spinal	...	32 20	—	4 11	A. A.	Yes			
32	W162	27	—	—	39	Contracted pelvis	...	Spinal	...	78 0	—	7 2	A. A.	No	Inertia.		
33	W193	44	—	—	40	Inertia	...	Spinal	...	25 15	—	6 11	A. A.	No	Membranes ruptured 33 hrs.		
34	M346	29	—	1	41	Contracted pelvis	...	General	...	13 10	—	9 2	A. M.	No	Failed forceps, face presentation, B.A.		
35	M376	34	—	—	40	Disproportion	...	Spinal	...	Lower segment	No	55 0	—	6 2	A. A.	No	
PRIVATE																	
36	W332	43	—	—	37	Pre-eclampsia, inertia	...	Spinal	...	Lower segment	No	—	5 4	A. A.	No	No pains 2 days after A.R.M.	
37	M122	34	1	—	38	Prolonged labour, twin pregnancy	...	Spinal	...	Lower segment	No	67 15	—	5 8	A. A.	No	Inertia.
38	M338	36	—	—	40	Inertia	...	Spinal	...	Lower segment	No	25 30	—	6 12	A. A.	No	High head.
													7 3	A. A.	No		

TABLE 27

FORCEPS DELIVERY

Forceps were applied 85 times, including two sets of twins (54 Booked, 7 Non-Booked, 22 Private cases). There was one maternal death. In 54 Booked cases there were 9 stillbirths, a foetal mortality of 16%. In Non-Booked cases there was no infant mortality. In 22 Private cases there was one stillbirth, a foetal mortality of 4.5%. There was not any neo-natal death. The total foetal and infant mortality in forceps cases was 11.8%.

Case No.	Reg. No.	Age	Previous Pregnancies	Maturity Before 28 wks. After 28 wks.	Indication	Duration of 1st Stage hr. m.	Duration of 2nd Stage hr. m.	Weight of Child lb. oz.	Result M. C.	Remarks
1	W 94	23	—	—	41	Transverse arrest, L.O.L....	... 42	10	6 0	A. A.
2	W126	36	—	—	37	Transverse arrest, L.O.L....	... 22	0	3 5	A. A.
3	W143	35	—	—	38	R.O.P. unrotated ...	... 24	30	3 35	S.B.
4	W164	26	—	—	40	Delay ...	... 4	20	4 5	A. A.
5	W175	38	—	—	40	Dead foetus, no advance	... 42	0	1 45	S.B.
6	W219	34	—	—	40	Delay ...	... 58	15	4 50	Inertia.
7	W222	24	—	—	43	P.O.P. ...	... 47	30	2 20	Rotation failed, complete tear.
8	W232	26	—	—	41	Transverse arrest ...	... 26	10	3 25	Easy rotation, difficult extraction.
9	W243	25	—	—	41	Transverse arrest ...	... 49	50	4 30	Kielland's forceps.
10	W337	31	—	—	42	Transverse arrest, L.O.P. ....	... 46	50	6 5	Manual rotation.
11	W362	26	—	—	42	Transverse arrest, hand by head ...	... 31	15	2 40	Kielland's forceps.
12	W391	21	—	—	40	Transverse arrest, R.O.P. ....	... 51	0	4 5	Contracted outlet.
13	W412	32	—	—	40	Inertia, delay ...	... 50	20	2 55	Kielland's rotation.
14	W424	35	—	—	2	Foetal distress ...	... 2	45	0 25	Trial labour.
15	W437	28	—	—	1	Foetal distress, R.O.P. ....	... 13	55	0 50	Deflexed head.
16	W457	26	—	—	40	Foetal distress ...	... 17	10	1 5	Inertia.
17	W463	29	—	—	40	Transverse arrest, R.O.P. ....	... 49	55	9 30	Pudendal block.
18	W507	34	—	—	39	Delay, foetal distress ...	... 96	0	3 40	Large deflexed head.
19	W534	29	—	—	40	Delay, rigid soft parts ...	... 5	0	3 0	Inertia.
20	M 12	27	—	—	40	Delay, transverse arrest ...	... 9	40	2 30	S.B.
21	M 17	23	—	—	42	Delay ...	... 105	0	3 15	A. A.
22	M 51	28	—	—	40	Delay, transverse arrest ...	... 22	30	7 15	Kielland's rotation.
23	M108	28	—	—	39	Weak pains, mild outlet contraction ...	... 29	0	5 30	D. S.B.
24	M125	28	—	—	40	Maternal distress. Acute massive pulmonary oedema with collapse in first stage	... 15	50	2 20	Local anaesthesia.
25	M145	25	—	—	45	Rigid soft parts, delay L.O.P. delay, P.O.P. ....	... 66	45	7 35	A. S.B.
26	M252	34	—	—	41	Foetal distress ...	... 24	45	3 45	Cord prolapsed.
27	M302	26	—	—	42	Delay, rigid soft parts ...	... 11	15	2 25	Manual removal.
28	M401	32	—	—	40	Maternal and foetal distress ...	... 18	10	3 40	Notifiable pyrexia.
29	M443	27	—	—	42	Foetal distress, L.O.A. ....	... 25	15	1 14	Forces rotation.
30	M473	28	—	—	44	Delay, persistent posterior Foetal distress ...	... 8	25	2 10	Kielland's rotation, first twin.
31	M496	28	—	—	43	Foetal distress ...	... 14	20	2 5	Kielland's rotation.
32	M504	26	—	—	41	Primary and secondary inertia ...	... 5	30	1 30	Second twin.
33	M532	25	—	—	41	Prolonged labour, transverse arrest	... 52	10	90 42	Kielland's rotation.
34	M535	32	—	—	43	Prolonged labour, transverse arrest	... 13	55	0 53	Kielland's rotation.
35	M539	23	—	—	40	Foetal distress, L.O.P. ....	... 101	35	0 47	Second twin.
36	M540	36	—	—	40	Prolonged labour ...	... 9	25	3 30	Kielland's rotation.
37	M543	25	—	—	38	Transverse arrest ...	... 21	20	3 5	Second twin.
38	M564	29	—	—	40	Delay, persistent posterior Poor pains, small outlet ...	... 30	0	10 30	A. A.
39	M575	39	—	—	40	Prolonged labour ...	... 125	0	0 6	A. A.
40	M581	27	—	—	40	Prolonged labour, first twin.	... 8	11	8 11	A. A.

FORCEPS DELIVERY—*continued*

Case No.	Reg. No.	Age	Previous Pregnancies	Matu- rity	Indication	Duration of 1st Stage hr. m.	2nd Stage hr. m.	Weight of Child lb. oz.	Result M. C.	Remarks
41	M585	28	—	—	40	Pre-eclampsia, delay	... 6 45	1 15	6 12	A. A.
42	M610	21	—	—	40	Transverse arrest	... 15 0	2 30	6 7	A. A.
43	M629	27	—	—	40	Rigid soft parts	... 11 40	2 50	7 15	A. A.
44	M646	32	—	—	40	Contracted outlet	... 31 0	2 15	8 1	A. A.
45	M653	45	1	3	40	Face presentation, foetal distress	6 0	0 50	6 9	A. A.
46	M690	25	—	—	41	Persistent posterior, foetal distress	31 0	2 15	8 2	A. A.
47	M706	26	—	—	41	Rigid soft parts	... 8 30	2 45	9 11	A. A.
48	M712	41	—	—	42	Prolonged labour	... 66 30	1 40	6 12	A. A.
49	M734	30	1	1	39	Prolonged labour	... 77 15	1 25	7 7	A. A.
50	M779	37	1	1	40	No advance	... 6 55	3 30	9 13	A. A.
51	M785	37	—	—	42	Maternal distress	... 27 30	1 10	7 5	A. A.
52	M831	34	—	—	45	Prolonged labour	... 135 25	0 10	8 13	A. M.
53	M832	24	—	1	41	Delay	... 12 35	3 25	8 5	A. A.
54	M837	33	—	—	38	Prolonged 2nd stage	... 46 35	3 25	8 5	A. A.
NON-BOOKED										
55	W109	29	—	1	41	Foetal distress, rigid soft parts	... 53 15	4 0	9 3	A. A.
56	W380	33	—	—	40	Prolonged labour, delay	... 6 0	2 45	8 0	A. A.
57	W425	19	—	—	41	R.O.L., transverse arrest	... 3 15	3 30	6 13	A. A.
58	M 4	28	—	—	40	Rigid soft parts, R.O.P.	... 64 0	6 15	7 10	A. A.
59	M 53	21	—	—	40	Foetal distress, R.O.P.	... 51 45	2 40	7 14	A. A.
60	M438	37	—	—	41	Slow advance, R.O.P.	... 3 0	2 35	7 7	A. A.
61	M594	26	—	—	40	Slow advance, L.O.P.	...			
PRIVATE										
62	W 73	27	1	—	41	Rigid soft parts	... 14 35	6 40	8 6	A. A.
63	W174	29	1	—	41	L.O.L., transverse arrest	... 64 40	4 30	7 1	A. A.
64	W354	34	1	—	40	Delay, prolapse of cord	... 70 45	1 45	6 0	A. A.
65	M112	28	—	—	39	Delay, maternal distress	... 28 30	0 30	10 7	A. A.
66	M117	30	—	—	42	Long labour	... 12 45	2 55	7 9	A. A.
67	M123	26	—	—	42	R.O.P., transverse arrest	... 24 50	1 45	8 2	A. A.
68	M265	29	—	—	40	Delay, posterior position	... 19 30	1 42	6 7	A. A.
69	M351	36	—	2	38	Maternal distress	... 16 20	2 50	7 10	A. A.
70	M408	27	—	—	40	Delay	... 11 10	2 15	6 11	A. A.
71	M422	31	—	—	40	Rigid soft parts	... 38 0	2 15	7 15	A. A.
72	M451	39	1	—	39	Transverse arrest	... 50 0	2 0	7 4	A. A.
73	M508	23	—	—	40	Rigid soft parts	... 21 30	1 20	7 3	A. A.
74	M545	33	—	—	41	No advance, rigid soft parts	... 15 35	2 35	8 14	A. A.
75	M549	40	—	—	40	Maternal distress	... 12 45	0 50	7 9	S.B.
76	M588	29	—	—	40	Delay, posterior position	... Weak contractions			
77	M591	38	2	—	40	Foetal heart not heard	... Rigid soft parts			
78	M611	34	1	—	41	Posterior position, delay	... Foetal distress			
79	M622	23	—	—	40	Posterior position, delay	... R.O.P., transverse arrest			
80	M625	27	—	—	40					
81	M700	25	1	—	40					
82	M780	27	—	—	40					
83	M796	23	—	—	40					

TABLE 28
VERSION IN LABOUR

No case

Case No.	Reg. No.	Age	Previous Pregnancies	Maternity	Indication	Type of Pelvis	Duration of Labour	Type of Operation	Weight of Child	Result to Mother	Remarks
NON-BOOKED											
1	W541	20	—	1	38	Hydrocephaly	... Normal	9 15	5 0	Perforation of vertex	5 10 + A. Perforation when cervix $\frac{3}{4}$ dilated.

PUERPERAL PYREXIA (GENITAL INFECTION)

TABLE 30

All cases of pyrexia and maternal deaths are included as morbid. In 1,170 Booked deliveries there were 29 cases of pyrexia. The morbidity rate for Booked cases was therefore 2.5%. In 47 Non-Booked cases there were 2 cases of pyrexia. The morbidity rate for Non-Booked cases was therefore 4.3%. In 136 Private cases there were 2 cases of pyrexia. The morbidity rate for Private cases was 1.3%. The morbidity rate for all cases was 2.1%.

As in previous years the standard of pyrexia has been a temperature of 100.4° F. or more on two occasions after 24 hours and within 21 days of delivery. Should one such reading occur, or the pulse rate be raised, the patient's temperature and pulse are recorded four-hourly.

Case No.	Reg. No.	Age	Pregnancies	Maternity	Method of Delivery	Cause of Pyrexia	Duration of Pyrexia in days	Organisms, if known	Treatment	Result	Remarks
BOOKED						NON-BOOKED					
1	W 94	23	—	—	41	Forceps delivery, manual removal of placenta	...	3	Ch. Welchii ...	...	A.
2	W203	17	—	—	39	Spontaneous	...	2	Haem. Strep. A	...	P.P.H., blood transfusion.
3	W464	22	—	—	43	Spontaneous, episiotomy	...	2	Cultures negative	...	A.
4	M 51	28	1	—	40	Forceps	...	12	Haem. Strep. C	...	Pyrexial 2 days.
5	M125	28	—	—	40	Low forceps	...	—	Oxygen, atropine	...	See Maternal Mortality.
6	M162	28	—	1	40	Spontaneous	...	—	Haem. Strep. D	...	Blood transfusion.
7	M423	28	—	—	40	Spontaneous, secondary suture of perineum	...	5	Staph. aureus, Ch. Welchii	...	Penicillin resistant.
8	M473	28	—	—	44	Forceps	...	4	Haem. Strep. D	...	A.
9	M532	25	—	—	41	Forceps	...	26	Staph. aureus	...	Blood culture positive.
NON-BOOKED											
10	W 81	29	—	2	39	Caesarean Section (lower segment)	Uterine infection	...	2	Staph. aureus and B. coli	A.
											Pyrexial on 2nd and 3rd days only. Also urinary infection.

TABLE 31
PUERPERAL PYREXIA (EXTRA-GENITAL INFECTION)

Case No.	Reg. No.	Age	Previous Pregnancies Before 28 wks.	Maturity	Method of Delivery Operation, Induction, Manual Removal, etc.	Cause of Pyrexia	Duration of Pyrexia in days	Organisms, if known	Treatment	Result	Remarks
BOOKED											
1 W 38	22	—	1	40	Normal after surgical induction	Breast abscess	...	3	Staph. aureus	...	Sulphamezathine, penicillin... A. Breast abscess aspirated.
2 W210	25	—	—	42	Spontaneous, episiotomy...	Urinary infection	...	1	B. coli	...	Sulphamezathine ... A.
3 W460	31	—	—	38	Spontaneous, episiotomy...	Mastitis	...	2	Haem. Strep. A.	...	Sulphatriad ... A.
4 M 16	42	—	2	39	Lower segment, Caesarean Section	Pulmonary embolism	...	3	—	...	Heparin I.V. drip, morphia A.
5 M 30	34	—	—	40	Spontaneous	Breast abscess ⁵⁷	...	5	Staph. aureus	...	Penicillin ... A.
6 M 66	26	—	—	40	Spontaneous, following induction	Interstitial mastitis...	...	5	Staph. aureus	...	Sulphamezathine, penicillin... A.
7 M258	19	—	—	40	Spontaneous	Engorged breasts	...	2	/ —	...	Stilboestrol and sulphamezathine
8 M353	24	—	2	40	Spontaneous	Interstitial mastitis...	...	5	Staph. aureus	...	Penicillin, sulphamezathine... A.
9 M363	26	—	—	39	Spontaneous	Broncho-pneumonia	...	13	—	...	Penicillin, sulphamezathine, A. Anaemia.
10 M375	21	—	—	40	Prolonged labour	Urinary infection	...	5	—	...	Blood transfusion
11 M416	36	1	—	41	Spontaneous	Parenchymatous mastitis	...	7	B. coli	...	Penicillin, sulphamezathine... A.
12 M419	29	—	1	40	Spontaneous, manual removal	Interstitial mastitis...	...	3	—	...	Herpes oris.
13 M420	33	—	—	40	Spontaneous	Abscess thigh	...	5	—	...	Penicillin, sulphamezathine... A.
14 M445	38	—	—	40	Pre-eclampsia, induction, P.P.H.	Phlebitis	...	8	Faecal strep.	...	Injection site. Anaemia, transfusion.
15 M461	23	—	—	40	Spontaneous	Mastitis	...	5	Staph. aureus	...	...
16 M488	21	—	—	38	Spontaneous	Bacteriæmia	...	24	B. faec. alk.	...	Penicillin, sulphamezathine, A.
17 M721	25	—	—	39	Spontaneous, P.P.H.	Urinary infection	...	4	B. coli	...	Streptomycin
18 M825	24	—	—	37	Spontaneous, complete tear	Urinary infection	...	6	Staph. aureus	...	Penicillin, sulphamezathine... A.
19 M829	44	—	2	39	Precipitate...	Urinary infection	...	2	B. coli	...	Sulphatriad ... A.
20 M830	24	—	—	41	Spontaneous	Urinary infection	...	15	B. coli	...	Sulphatriad ... A.
NON-BOOKED											
21 W110	25	—	—	41	Spontaneous, episiotomy...	Urinary infection	...	3	B. coli	...	Sulphamezathine ... A. Notification omitted.
PRIVATE											
22 M 88	30	—	1	40	Spontaneous	Mastitis	...	3	Staph. aureus	...	Penicillin ... A.
23 M508	23	—	—	39	Forceps	Mastitis	...	4	Staph. aureus	...	Sulphamezathine, penicillin... A.

MATERNAL DEATH

Case No. 1. Reg. No. M125. Mrs. E. S., aged 28, booked early in pregnancy.

She was a healthy looking woman 5 ft. 5 in. tall and weighing 9 st. 9 lb. There was no rheumatic or nephritic history; but she had been treated for pulmonary tuberculosis six years previously, spending six months in a sanatorium, and being treated by phrenic avulsion. The disease had healed, but, on the advice of her physicians, she had waited for the first three years of her married life before they had agreed that pregnancy was permissible.

When pregnancy was advanced to thirty weeks, the physicians were satisfied with the patient's clinical and radiological condition. At booking, her haemoglobin was estimated to be 78 per cent. normal, the red blood cells were Rhesus negative, she belonged to group O (4), and the Kahn Test and Wasserman Reaction were negative. The patient showed no clinical signs of disease during pregnancy, her urine was always free from albumen, and the diastolic blood pressure never exceeded 70 mm.Hg. Three days before the onset of labour the blood pressure measured 120/68 mm.Hg., and there was no albumen in the urine.

The patient was admitted at term in labour two hours after the onset of pains. The head was well engaged in the pelvis, the cervix admitted one finger, and pains were not well established. The urine contained a trace of albumen, and blood pressure was 120/84 mm.Hg. The patient was given an enema and bath and settled off to sleep after a hypodermic injection of heroin gr. $\frac{1}{6}$. At the eighth hour of labour the pains were still not well established, but the patient vomited. Ten hours after the onset the pains became regular every three minutes. The patient was distressed, and was given 150 mgms. pethidine intramuscularly. At twelve hours the patient's pulse rate rose from 80 to 120 per minute, she became cyanosed, and the lungs became moist, although the pulse was strong and regular. The head was low, the cervix was now three fingers dilated, but the foetal heart could not be heard. The pains were strong. Because of the oedema of the lungs and cyanosis, the patient was given atropine gr. 1/50 and morphia. She was placed in an oxygen tent, and her condition improved considerably. Fifteen hours after the onset of labour, urine withdrawn by catheter was blood-stained, contained a heavy cloud of albumen, and microscopically there were a few red blood cells, much red cell debris, a moderate number of blood casts, and a few hyaline casts. There was no excess of leucocytes.

The patient held her own in the oxygen tent, and labour progressed. At eighteen hours the foetal scalp was visible, and episiotomy was performed under local anaesthesia. The patient's condition improved, and her pulse rate fell from 136 to 120. The labour progressed slowly, but at twenty-four hours, local anaesthesia was produced by peri-vulval infiltration and pudendal block, and the macerated baby was delivered with forceps, the patient remaining in the oxygen tent. The baby weighed 8 lb. 15 oz. Bleeding totalled about 18 ounces. The perineum was rapidly repaired, and the patient was given morphia, gr. $\frac{1}{4}$, atropine gr. 1/100, and ergometrine 0.5 mgms. The patient's condition thereafter improved. Twelve hours after delivery she was still in the oxygen tent, and her blood pressure measured 92/68. She was passing urine freely, and it still contained a little albumen and a few hyaline casts. Thirty-six hours after delivery her condition was better, and the oxygen tent was lifted for half-an-hour without ill effect. At forty-five hours the patient felt faint, cyanosis returned, and the lungs became moist, while there were severe bouts of coughing with expectoration of frothy mucus. The patient died forty-seven hours after delivery.

Post-mortem examination showed about 8 ounces of serous yellow fluid in each pleural cavity. The left lung showed healed fibro-caseous tuberculosis just below the left apex, and there were numerous adhesions of the left pleura. The right lung showed general emphysema, and both lungs were oedematous. Pericardial fluid was increased over the normal amount, the myocardium was flabby, and both the right and left heart were dilated. Liver and spleen were both considerably enlarged and grossly congested. Uterus and pelvis were normal. Death was due to cardiac failure following acute oedema of the lungs.

The patient had never been pyrexial, and the final picture was undoubtedly one of circulatory failure causing acute pulmonary oedema. At the onset spontaneous pneumothorax seemed likely, and it was very difficult to exclude this condition in a woman having frequent labour pains. It is regretted that venesection was not tried.

ANALGESIA

In the first stage of labour, drugs were freely used. Patients in whom labour was likely to last more than twelve hours were given morphia gr. $\frac{1}{4}$ or heroin gr. $\frac{1}{6}$, especially to give them sleep during the night hours. When the first stage appeared to have only a few hours to run, pethidine 150 mgms. was given by intramuscular injection.

Further injections of 100 mgms. were given if necessary in long labours.

In the second stage, gas and air mixture was given to all patients by means of the Minnitt or Queen Charlotte's Hospital machine. In a few cases trichlorethylene was given with Friedman's inhaler.

ANAESTHESIA

For episiotomy and perineal repair, local anaesthesia was used in all cases in which general anaesthesia had not already been needed for other procedures. One per cent. procaine with a few drops of adrenaline solution was used to infiltrate the tissues.

For forceps delivery, unless rotation of the head was required or other difficulty was expected, local anaesthesia was used. The vulval area was surrounded with the same anaesthetic solution, and each pudendal nerve was blocked in the region of the ischial spine. General anaesthesia, gas and oxygen with sometimes a little cyclopropane, trilene or ether, was administered in the remaining cases by the hospital anaesthetists. Anaesthesia was always very light so as not to abolish uterine contractions. As soon as the baby was delivered, the mother was given morphia gr. $\frac{1}{4}$. For manual removal of the placenta, gas and oxygen with a little cyclopropane, trilene or ether were used. All these patients were given morphia and ergometrine and an intravenous infusion of saline or blood was usually set up before anaesthesia was induced. Many of the patients were given amyl nitrite 4-8 minims put into the anaesthetic inhaler to relax the contraction of the lower uterine segment to allow the operator to introduce his hand. The choice of anaesthetic for Caesarean section has depended on the patient's condition, both general and obstetric, and on the preference of the anaesthetist.

The 38 cases of Caesarean Section were anaesthetized as follows :—

Spinal anaesthesia	...	...	...	30 cases
General anaesthesia	...	...	...	7 cases
Local anaesthesia	...	...	...	1 case

For the spinal anaesthetic, all the instruments and materials were autoclaved, and 1.5 ccs. of heavy nupercaine were injected with the patient lying in the left lateral position. In some of these patients under spinal anaesthesia, amyl nitrite inhalation was needed to relax the uterus for the baby to be extracted.

III. THE PÆDIATRIC SECTION

INTRODUCTION

The babies all occupy cots in nurseries apart from the mothers. The Paediatrician is responsible for the medical care of all the babies, and he does complete ward rounds twice a week. Normal infants are breast fed every four hours from birth, omitting the night feed. There is not a permanent premature nursery because of the small number of premature babies ; but when it is needed, a small ward is adapted for the purpose. Oxygen tents are freely used for premature and ill babies.

The preparation of the expectant mother's breasts for lactation consists in simple hygiene during the last two months of pregnancy by merely washing, drying and anointing the nipples with lanoline or olive oil. If the nipples are flat, they are gently moulded. If a nipple is inverted, the mother wears a glass shell during the last four weeks of pregnancy. The ante-natal expression of secretion employed so successfully by Dr. H. K. Waller is only advised for women who have previously failed to breast feed, and who are willing to carry it out.

Test weighing is done if the baby fails to gain weight after the initial loss. Glass shells are used for engorged breasts, and in some cases stilboestrol is administered during the painful stage.

INFANT FEEDING

		Booked		Non-Booked		Private	
		No.	%	No.	%	No.	%
Number of infants discharged during the year 1949	...	1,165		45		135	
Number breast fed	...	1,088	93.4	40	88.8	125	92.6
No. mixed feeding	...	60	5.1	1	2.2	7	5.2
Number artificial feeding	...	17	1.5	4	9.0	3	2.2

	Booked and Non-Booked	
	No.	%
Number of children whose mothers attended post-natal clinic ...	...	...
	994	
Breast feeding	...	...
	801	80.6
Mixed feeding	...	...
	85	8.6
Artificial feeding	...	...
	108	10.8

STILLBIRTHS

29 Cases.

A stillborn child is defined as one born at or after the completion of the 28th week of pregnancy and which fails to breathe. The stillbirth rate for Booked cases was 19.4 per 1,000 for Non-booked cases, 82 per 1,000; for Private cases, 14.6 per 1,000; and for all In-patients 20.8 per 1,000 viable births.

Case	Reg. No.	Weight lb. oz.	Maturity Foetus	Sex	Method of Delivery or Macerated	Fresh	Maternal Factors	Foetal Factors	P.M. Findings	Remarks and (probable) Cause of Death	
1	W 56	4 8	40	M.	Vertex, unaided	...	M.	Hydrannios ...	...	Intra-uterine death	...
2	W143	7 1	38	F.	Forceps	...	F.	Pre-eclampsia	...	Sub-arachnoid haemorrhage	...
3	W175	9 10	40	M.	Forceps	...	F.	Pre-eclampsia	...	Small outlet.	...
4	W243	8 12	41	M.	Forceps	...	F.	Inertia, pre-eclampsia	...	Prolapse of cord.	...
5	W392	11 0	41	M.	Caesarean	...	F.	Inertia, pre-eclampsia	...	Small outlet.	...
6	W398	6 0	41	M.	Forceps for coming head	...	F.	Inertia, pre-eclampsia	...	Long labour.	...
7	W469	5 12	40	M.	Breech	...	F.	Hydrannios ...	...	Respiratory obstruction.	...
8	W475	3 8	37	F.	Vertex, unaided	...	M.	Pre-eclampsia	...	Cerebral haemorrhage.	...
9	W507	8 9	39	F.	Forceps	...	F.	Hypertension, inertia	...	Toxaemia.	...
10	M 46	2 0	30	F.	Spontaneous	...	M.	...	...	Long labour.	...
11	M 96	2 4	30	F.	Spontaneous	...	M.	Mon-amniotic twins	...	Strangulation of umbilical cords.	...
12	M 96	2 15	30	F.	Spontaneous	...	M.	...	...	Placental separation.	...
13	M125	8 15	40	F.	Forceps	...	F.	Accidental A.P.H.	...	Maternal asphyxia.	...
14	M145	10 6	45	M.	Forceps	...	M.	Pulm. Tb., acute oedema of lungs	...	Asphyxia	...
15	M218	3 8	39	M.	Spontaneous	...	M.	Disproportion	...	Asphyxia	...
16	M303	4 6	39	M.	Spontaneous	...	M.	...	...	...	...
17	M308	8 6	42	F.	Vertex assisted	...	F.	...	...	...	...
18	M532	8 0	41	M.	Forceps	...	M.	...	...	...	...
19	M536	5 6	40	F.	Breech, unaided	...	F.	...	...	...	...
20	M543	5 13	38	F.	L.O.P. forceps	...	F.	...	...	...	...
21	M547	6 0	40	M.	Spontaneous	...	F.	...	...	...	...
22	M759	4 3	38	F.	Spontaneous	...	M.	Pre-eclampsia	...	...	...
23	M831	8 0	45	M.	Manual extraction	...	M.	Inertia...	...	...	...
NON-BOOKED											
24	W 77	8 3	39	M.	Spontaneous breech	...	M.	...	...	Erythroblastosis	...
25	W434	3 9	36	M.	Normal	...	F.	...	...	Prematurity	...
26	W541	5 10	38	F.	Spontaneous	...	F.	...	...	Hydrocephaly	...
27	M346	9 2	41	M.	Caesarean Section	...	F.	Contracted pelvis	...	Face presentation	...
28	M478	5 13	37	F.	Normal	...	M.	Severe toxæmia	...	Placental separation	...
29	M611	7 9	44	F.	Forceps	...	F.	...	...	...	...

TABLE 33
NEO-NATAL DEATHS

The infant death rate for Booked cases was 3.4 per 1,000 ; for Non-booked cases, 44.4 per 1,000 ; for Private cases, 0 per 1,000 ; and for all In-patients 4.4 per 1,000 live births. All these babies died within four days of birth.

Case No.	Reg. No.	Birth Weight lb. oz.	Maturity of Sex Foetus	Method of Delivery	Maternal Factors	Complications in Infant	P.M. Findings	Age at Death	Method of Feeding	Remarks and (probable) Cause of Death
BOOKED										
1	M246	8 3	42	M.	Vertex	—	Atresia of colon	...	4 days	Parenteral
2	M567	.7 11	39	F.	Vertex	—	Volvulus of jejunum	...	2 days	Operation unsuccessful.
3	M572	.1 3	24	F.	B.B.A.	—	Not done	...	9 hrs.	Operation unsuccessful.
4	M746	5 0	38	M.	Breech	—	Absence of kidneys	...	11 hrs.	Extreme prematurity.
NON-BOOKED										
5	W108	7 0	40	M.	Vertex	Rh. negative	...	Absence of left half of diaphragm	17 mins.	—
6	M222	2 1	27	F.	Vertex	—	Not done	...	5 hrs.	Diaphragmatic hernia. Extreme prematurity.

TABLE 34

PREMATURE LIVE INFANTS

50 Cases

All infants weighing 5 lb. 8 oz. or less at birth are included in this table. Stillbirths are excluded. Of 40 Booked cases, 2 died; of 2 Non-Booked cases, none died; of 8 Private cases, one died. The three deaths represent a neo-natal mortality of 6 per cent. One baby between 1 lb. and 2 lb. died; of 3 babies between 2 lb. and 3 lb., one died; of 7 babies between 3 lb. and 4 lb., none died; of 18 babies between 4 lb. and 5 lb., one died; of 21 babies over 5 lb., none died.

Case No.	Reg. No.	Matu- rity	Birth Weight lb. oz.	Sex	Cause of Premature Labour	Birth Injury (if any)	Method of Feeding	Day of Discharge or Death	Weight on Discharge lb. oz.	Day of Result	Remarks
1	W 75	37	3 11	F.	Unknown	...	None	E.B.M., later breast fed...	5	8	A.
2	W 76	40	5 4	F.	Labour at term	...	None	Breast ...	5	6	A.
3	W191	38	3 15	M.	Induction	...	None	Breast ...	5	1	A.
4	W287	37	5 0	F.	Twins ...	...	None	Breast ...	5	0	A.
5	W315	38	5 6	F.	Twins ...	...	None	Breast ...	5	4	A.
6	W347	37	5 8	M.	Induction	...	None	Breast ...	5	10	A.
7	W370	27	5 8	F.	At term	...	None	Breast ...	5	10	A.
8	W390	36	4 10	M.	C.S. ...	...	None	E.B.M., later breast fed	5	9	A.
9	W394	35	4 6	F.	Twins ...	...	None	Breast ...	4	15	A.
10		3 10	4 10	M.	Twins ...	...	None	E.B.M., later breast fed	5	0	A.
11	W427	36	4 10	M.	Induction	...	None	Mixed ...	5	6	A.
12	W488	38	5 4	F.	Twins ...	...	None	Breast ...	5	6	A.
13	W501	41	5 0	M.	At term	...	None	Breast ...	5	6	A.
14	M 16	39	5 4	F.	C.S. ...	...	None	Breast ...	5	10	A.
15	M 21	39	5 7	F.	Twin pregnancy	...	None	Breast ...	5	12	A.
16		4 14	5 5	M.	Twin pregnancy	...	None	E.B.M. ...	6	2	A.
17	M 34	36	5 5	M.	Twin pregnancy	...	None	Breast ...	5	2	A.
18	M 44	36	5 2	F.	Hydramnios ...	...	None	Breast ...	5	9	A.
19	M165	31	3 0	F.	Unknown ...	...	None	Breast ...	5	0	A.
20	M205	39	5 3	M.	A.R.M. ...	...	None	Breast ...	6	1	A.
21	M209	41	5 5	M.	A.R.M. ...	...	None	Breast ...	5	15	A.
22	M262	38	5 0	F.	Unknown ...	...	None	Breast ...	5	2½	A.
23	M277	34	3 13	F.	A.R.M. ...	...	None	Breast ...	5	6	A.
24	M287	41	5 7	F.	A.P.H. ...	...	None	Breast ...	5	2½	A.
25	M347	40	5 2	M.	Twin pregnancy	...	None	Breast ...	5	8	A.
26	M365	41	4 8	F.	Labour overdue	...	None	Artificial ...	4	13½	A.
27	M366	35	3 14	F.	A.R.M. ...	...	None	Breast ...	4	12	A.
28	M369	34	4 3	F.	Unknown ...	...	None	Breast ...	4	13	A.
29	M488	38	5 5	F.	Unknown ...	...	None	Breast ...	5	13	A.
30	M528	? 44	4 7	M.	Labour overdue	...	None	Breast ...	5	1	D.
31	M572	24	1 3½	F.	Unknown ...	...	None	—	—	9 hrs.	A.
32	M601	34	4 15	M.	Defective development	...	None	Expressed breast milk ...	5	2	A.
33	M639	40	5 8	F.	Unknown, habitual	...	None	Expressed breast milk ...	5	9	A.
34	M710	33	3 12	F.	Defective development	...	None	Breast ...	5	8	A.
35	M746	38	5 0	M.	Defective development	None	None	—	—	10 hrs.	D.

PREMATURE LIVE INFANTS—*continued*

Case No.	Reg. No.	Matu- rity	Birth Weight lb. oz.	Sex	Cause of Premature Labour	Birth Injury (if any)	Method of Feeding	Day of Discharge or Death		Remarks
								Weight on Discharge lb. oz.	Result	
36	M793	34	5 2	M.	Twin pregnancy	...	None Breast	...	5 3	A.
37	M795	40	2 11	M.	Twin pregnancy	...	None Breast	...	5 5	A.
38			5 0	F.	Induction	...	None Breast	...	5 3	A.
39	M798	34	4 7	M.	Hydramnios	...	None Breast	...	5 5	A.
40	M829	44	4 7	M.	Toxaemia	...	None Breast	...	5 4½	A.
NON-BOOKED										
41	W244	32	4 6	F.	Habitual prematurity	None	Mixed	...	5 2	A.
42	M193	38	5 1	M.	Habitual prematurity	None	Mixed	...	5 0	A.
PRIVATE										
43	W 85	36	4 10	F.	Twin	...	...	...	4 15	A.
44			5 7	F.	Twin	...	None Mixed	...	5 12	A.
45	W204	38	5 7	F.	Unknown	...	None Breast	...	5 7	A.
46	W332	43	5 4	M.	C.S.	...	None Breast	...	6 1	A.
47	W453	35	5 0	M.	Hypertension	...	None Breast	...	5 3	A.
48	M 22	38	5 8	F.	Twin pregnancy	...	None Breast	...	6 1	A.
49	M212	27	2 1	F.	Unknown, habitual	...	None Breast	—	1	D.
50	M253	32	3 6	M.	A.R.M.	...	None Breast	...	4 14½	A.

TABLE 35
CONGENITAL MALFORMATIONS

22 Cases.

Case No.	Reg. No.	Nature of Malformation	Birth Weight lb. oz.	Sex	Result	Intercurrent Maternal Diseases	Remarks
BOOKED							
1	W 56	Spina bifida	4 8	M.	M.	—	
2	W144	Bilateral talipes	8 8	F.	A.	—	
3	W253	Bilateral talipes	7 14	M.	A.	—	Hydramnios.
4	W269	Bilateral talipes	7 12	M.	A.	—	
5	W549	Congenital heart disease	7 2	M.	A.	—	
6	W554	Hypospadias and incomplete fusion of scrotum	7 6	M.	A.	—	
7	M218	Absence of urinary tract and adrenals	3 8	M.	S.B.	—	Intra-uterine death. Both previous babies stillborn.
8	M307	Sublingual cyst	8 1	M.	A.	—	Mixed feeding.
9	M456	Cleft palate	6 2	F.	A.	—	Hydramnios.
10	M467	Bilateral hare lip and cleft palate	5 13	M.	A.	—	Elderly primigravida.
11	M512	Pyloric stenosis	8 14	M.	A.	—	Medical treatment failed. Rammstedt operation at 46 days.
12	M536	Congenital absence of interauricular septum, horseshoe kidney	5 6	F.	S.B.	—	
13	M567	Volvulus of jejunum	7 11	F.	D.	—	Died after coecostomy. Previous child died from intestinal obstruction.
14	M589	Bilateral talipes	7 14	F.	A.	—	Premature baby.
15	M639	Absence of index, second and third fingers both hands; absence of left foot, and big toe of right foot; right talipes	5 8	F.	A.	—	
16	M646	Cleft palate	8 1	M.	A.	—	
17	M737	Hypospadias	5 3	M.	A.	—	
18	M746	Absence of kidneys	5 0	M.	D.	—	Previous baby had congenital abnormalities and died.
NON-BOOKED							
19	W108	Absence of left half of diaphragm	7 0	M.	D.	—	
20	W451	Hydrocephaly	5 10	F.	S.B.	—	
21	M514	Turner's syndrome	5 12	M.	A.	—	Second twin.
PRIVATE							
22	M484	Syndactyly third and fourth fingers left hand	6 13	M.	A.	—	

TABLE 36

BIRTH TRAUMA

2 Cases.

Case No.	Reg. No.	Maturity	Birth Weight lb. oz.	Sex	Type of Injury	Method of Delivery	Cause of Injury	Result	Remarks
BOOKED									
1	W231	42	7 5	F.	Cerebral irritation	Spontaneous	Rapid second stage	A.	Convulsions 24 hrs. after birth.
PRIVATE									
2	W547	42	6 2	M.	Cerebral irritation	Breech	—	A.	Head retraction.

TABLE 37
NEONATAL INFECTIONS

Case No.	Reg. No.	Matu- rity	Birth- Weight lb. oz.	Sex	Type of Infection	Source of Infection	Predominant Causal Organism	Treatment			Remarks
								BOOKED	13 Cases.	Result	
1	W 43	41	8 5	M.	Breast abscess	—	Staph. aureus	...	...	...	A.
2	W169	40	6 13	F.	R. dacryocystitis	...	Staph. aureus	...	Oral penicillin	...	A.
3	W427	36	4 10	M.	Skin sepsis	...	Staph. aureus	...	Oral penicillin	...	A.
4	M182	41	8 0	M.	Acute blepharitis	...	Staph. aureus	...	Penicillin locally and system- ically	...	A.
5	M357	40	7 3	M.	Skin sepsis	...	Staph. aureus, coagulase positive	...	Penicillin locally and system- ically	...	A.
6	M365	40	4 8	F.	Infective jaundice	—	None isolated	...	Prolac	...	A.
7	M423	40	5 10	M.	Skin sepsis	...	Staph. aureus, penicillin resistant	I.M. streptomycin	I.M. streptomycin	gentian violet locally	A.
8	M479	40	10 0	M.	Broncho-pneumonia	—	None isolated	...	Penicillin, sulphatriad	...	A.
9	M586	40	8 4	M.	Skin sepsis	...	Staph. aureus, coagulase positive	...	Penicillin locally and system- ically	...	A.
10	M771	40	6 14	F.	Whitlow	...	—	Oral penicillin	...	...	A.
11	M811	39	8 11	M.	Enteritis	...	—	Penicillin, cremonerazine	...	...	A.
12	M824	36	6 9	M.	Enteritis	...	—	Penicillin, sulphathiazole	...	...	A.
13	M826	40	6 7	F.	Boil on neck	...	Staph. aureus	...	Oral penicillin	...	A.

OTHER NEONATAL DISEASES

TABLE 38

2 Cases.									
Case No.	Reg. No.	Maturity	Birth Weight lb. oz.	Sex	Type of Disease	Maternal Complication	Method of Delivery	Treatment	Result
BOOKED									
1	M702	36	6 2	M.	Pyloric spasm	...	—	R.S.A. Spont.	Laparotomy, eunydrin
PRIVATE	2	M117	39 6 0	M.	Erythroblastosis, haemoglobin 40% at birth, Coombs test positive	Rh. antibodies, Forceps 1 : 8	...	Replacement, transfusion	A.
									Two transfusions given. Mother primigravida was transfused seven years previously after tonsillectomy.

POST-NATAL SUPERVISION

It will be seen from the numerical summary of cases on page 15 that numbers of patients were treated during the lying-in period for abnormal conditions which necessitated a prolongation of their stay in Hospital. Every Booked patient, on discharge from Hospital, was given an appointment for attendance at the Post-natal Clinic. The proportion of mothers who attended for examination six weeks after delivery was 78 per cent.

Number of sessions held	...	...	52
Number of patients attending	...	...	1,006
Total attendances	...	...	1,232

All cases treated to their termination during the year were classified into the following groups :—

RESULT I : Health unimpaired as a result of recent confinement (i.e. no symptoms and no anatomical or functional disability).

RESULT II : Health slightly impaired as a result of recent confinement (i.e. no symptoms or disability, but anatomical damage, likely to lead to disability in the future, particularly if increased by further pregnancies. This group includes cases impaired by previous confinements, and further damaged by the recent confinements so as to make the total impairment due to all previous confinements equal to that described in Result III).

RESULT III : Health seriously impaired as a result of recent confinement (i.e. symptoms or disability present due to trauma, infection, etc., or damage to vital organs as in chronic nephritis).

Result I	...	...	...	...	96.6%
Result II	...	...	...	...	3.2%
Result III	...	...	...	...	0.2%

BACTERIOLOGY AND PATHOLOGY

Throughout the year certain haematological and bacteriological investigations were done for every patient who attended the ante-natal clinic or who was admitted to the maternity wards without previous ante-natal care. The blood tests comprised Wasserman Reaction, Kahn test, estimation of the haemoglobin, ABO grouping, and the examination of the red cells for the Rhesus factor and the serum for Rhesus antibodies. The following numbers give an indication of the volume of this work :—

Blood grouping and testing for Rh. factor	...	...	1,541
Wasserman Reaction and Kahn Test	...	...	1,609

All expectant mothers whose red blood corpuscles were Rhesus negative were tested for Rhesus antibodies when pregnancy reached 32 weeks and again at 36 weeks. When antibodies were discovered, frequent tests were done, and we received assistance from the National Blood Transfusion Laboratory at Sutton and the Lewisham Group Laboratory. We are grateful to the laboratories both for their help and for supplying Rhesus testing sera.

All patients admitted to the Maternity Department were bacteriologically investigated to find out when haemolytic streptococci and other pathogenic bacteria were being brought into the hospital. A swab of the throat, one from the nose, and a third from the vagina were taken from each patient. The staff, too, medical, nursing and domestic, had their noses and throats bacteriologically investigated every fortnight. The total number of swabs examined during the year was 7,076.

Apart from these systematic investigations designed to protect the patients from infection, the medical staff were given prompt service in the numerous pathological investigations for which they asked.

During the year 21 autopsies were carried out on foetuses and new-born babies. Many of these had died in utero, and were macerated, so that only a restricted examination could be made. There were three interesting congenital abnormalities. In one the left crus of the diaphragm was absent, and the stomach and intestines were found in the left pleural cavity, and in two cases the adrenals and the whole of the genito-urinary apparatus were absent.

JOHN KEALL,

Pathologist.

